066100	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE A 6	
OOTOO		REGISTRAR	The hand the same		MEG NO U	0 1 5 2
/1		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 341	1	William	Oscar	Haron Jr.	2-2	7-86 12:50 M
low And	3 SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor s offi	1	Male	White	April 15, 1933	52 YRS	
Pogir Pog		IRTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUN	
4 8 25 B	2	COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1/1/00	1
d in the	10 C	Maryland ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
s offer of with		Easton	Memorial 1705	rapontss) at Easton	Retired - U.S	LIFE) INDUSTRY
Power 212	130 130	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BITO	RE ADMISSION) NN 1136, INSIDE CITY LIMITS?	130. STREET ADDRESS	
D 2	27	aryland Q.			Rt. 3 Box 1	16-A 21666
A 1 1 17	_	ATHER'S NAME		15. MOTHER'S MAIDEN N.	AME	
AR IN		William Oscar A	DDLE LAST	Ce mol sm	Annette Dadds	LAST
F. S. S. S.	1 16n 3	WAS DECEASED EVER IN U.S. ARM			ADDRESS	
IMORE or exect or and or and or and or medicine		YES NO OR UNKNOWN) (IF YES GIVE	tnam 212-32-		Aaron same	as above
ALT Sicion personal col.		IL CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	nd (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fico fico phys pay navent,			one cause per line far (a), (b), a BY: CAUSE (a)	GI Bloodin	a (du a da a a C	2 days
Cert cert rbar r rer ic ev		IMMEDIATE	enough (c)	1 - 4 7	1) probable	
TOP to the most			DUE TO, OR AS A CONSEOU			2
he death or maten, or ranmotic		Canditians, if any, which gave rise to immediate	(6)	Maccory	- Weiss Tear	
V. P		cause (a), stating the underlying cause last.	DOETO OPAS X CONSEQU	PHCEOR .		71
201 V		ondertying cause last.	(and	delerun tr	emensi	Uncertain
	-	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
The The	ō		no	re		
ECO prior	7 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
NG PHYSICIAN: The low requires the company of the physician. The this certificate has been signed the build-transit permit. Then the and Mental Hygiene prior to borked or them 18 shows any injury orked or them 18 shows any injury.	CERTIFICATION	TANK THE SECOND			YES NO	YES NO
VIII Nysical Name of N		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
Phy	/	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	PAY YEAR		
YSK ding ding s ce s ce s ce	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	211 LOCATION		
PH Then	M.	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
DIV Inh of the sork		AT WORK AT WORK		2-26 10 800	2-27	- 97
P P P P P P P P P P P P P P P P P P P		22a.1 certify that (1) this haspite		(2)	n death accurred on the date and h	, 19 87 , that (I) we last
Spit Spit CTC CTC G 4 fo		saw the deceased alive an abave (1) we (did (did nat	view the bady after death.		o death accorred an the date and h	
OR OR OR OPER		226. SIGNATURE		DEGREE	AMEDICAL STAFF	224. DATE SIGNED
At the photostal transfer to the property of t		Robert W	, 1,000		MEDICAL STAFF DIRECTOR PHYSICIAN	2-27-86
HOSPITAL FUNERAL UIG be det the Store ORTANT:	П	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	- 0-4	
TO HOSPIT. TO FUNER. should be dwith the Sit				RD3 Be	5x 297 Easi	ton, Md, 2160
TO Fi should	230	BURIAL, CREMATION, REMOVAL	123b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial		tevensville Cemeter	CITY OR TOWN	Q.A. MD
	24 F	UNERAL DIRECTOR	0 -0 1-00		ry Stevensville	
DHMH - 16 50M 4/82		NAME	ADDRESS	NA.	AD -	ALL CONTROL OF THE STATE OF THE
(VRA 15, 4)	To	m Helfenbein Fu	neral Home, Che	ster, MD 21619 M	11 0 1300 June	

STATE OF MARYLAND

			0 10 : 0 0
		Han Kessel	
1		×	
			tesol .E.W - Leniss
and years	=		
	.ma.,aoma.mana		ASSET Uddenor
5.91	9-00-W-SFS memory	CHANGE A. MAR	Volle galleriks – 1015
		13 11 -510	

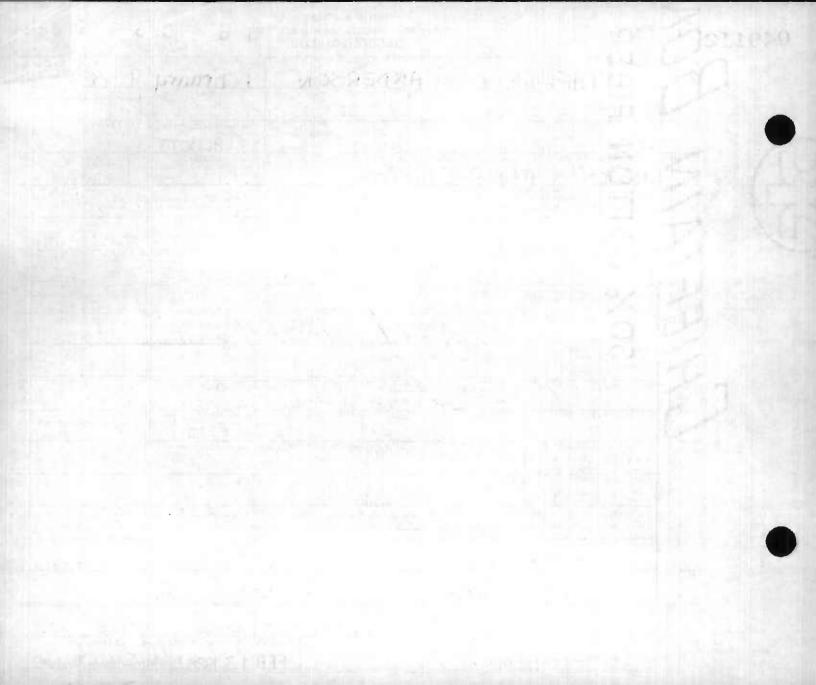
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

. 6 U

| 5 3

-4	1. DE	CEASED NAME FREE		MIDDLE	L	AST		20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR_	
2	11114	CEPRALL THE	OLD TO	WERS A	NN	FOSON		Park all	0	108%	005	
	3. SE	X I III	4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	HDAYL) IF	UNDER I YEAR	IF UNDER 24 HRS	
	F	EMALE	CAUCAS	IAN	4 MONTH	21 1	5	70		NTHS DATS	HOURS MIN.	
7		RTHPLACE ISSUED OFFICE ON		WHAT COUNTRY?				9 BALTIMORE CITY O	R COUNTY O	FDEATH		
2		laryland	USA		WIDOWE	D NEVER MARK		TALBO	T		MD.	
0	M.C	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING	HOME C			12a USUAL OCCUPATION			BUSINESS OR	
r	1	EASTON	MEMO	RIAL HO	PITT	7L		L.P. Nurs		Nurs	ino	
1		AL RESIDENCE OF NUMBERO HONE OF		GIVE RESIDENCE BEFORE AL	OMISSION)	1 13d INSIDE CITY LI	IMITS?	13e.STREET ADDRESS				
2	Marie Control	ryland Talb	ot	Cordova		YES NO	X	Rt.1Box 2		1625		
21	2	THÊR'S NAME	WIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	WIDDLE	100	IAST		
C			Howard	Tower	_	Mable		Cleveland		hawle		
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	16h SOCIAL SECUR		17 INFORMANT	D 4			Box 2		
1	_			219-14-		Terry	D. A	nderson	Cordo		.21625	
S	5	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY.	lingfor (a), (b), and		sind	/	7,-1.1			ATE INTERVAL	
J		IMMEDIA	TE CAUSE (a)			1000000	7 00	1 Verz		110	nuter	
		Conditions, if any, which	DUE TO, OI	AS A CONSEQUEN	CELOFY	c Chris	nu	(Drawnie!	all .	1/2	7	
	5	gave rise to immediate cause of stating the	(b)	AS A CONSEQUEN	or or			()		7,		
	No.	underlying couse lost	(c)	R AS A CONSEQUEN	CEOF							
Ħ		PART 2 OTHER SIGNIFICANTO	and the same of th	NTRIBUTING TO DE	ATH BUT	NOT REVATED TO	HE TERMI	NAL DISEAST OR CONI	DITION GIVEN	IN PART You	1000	
	100	U	er me	Ostro	refu	e Valor	ma	my lis.	12	atetes	Million	7
2	CERTIFICATION	No DATE OF OPERATION	19b. CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORME	D	200 AUTOPSY?		VERE FINDING NG CAUSES O		
	ERTI	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTUIDY		Tal. HOW BUILDIN	0.00011000	YES NOXX	YES		NO 🗌	
0	UU.65y/55.1.1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY		ZIE. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE (19	211 LOCATION						
-	ME	WHILE NOT WHILE		EET, FACTORY OFFICE, FAR	M, ETC)	STREET		CITY OR TO	VN	COUNTY	STATE	
		22a. I certify that (I) (this hospi	tal) attended the	deceased from	11	2 10)	10 7/4	10	86 "	not (I) (we) last	
		saw the deceased alive an above, (1) (we)(did) (did no	2	19 19 %	6_, on	d that in (my) (aur)	opinion de	eath occurred on the do	te and hour or			
		22b. SIGNATURE	T View the body	arrer death.	[DEGREE				22c DATE SI	IGNED	
		win	Hulos	d	1	75 ATTEN	IDING	MEDICAL STAF	F IAN []	2/9	18	
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	(1		22e ADDRESS	7	/	1	1 - 61	10,0	
		MI,	H We	200		1	AS	50N, N	10			
	23a. B	URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREM		23d LOCATION	40	OUNTY	STATE	
		urial	2-12-	-86 Woo	odla	wn Memo		Easton	Tal	bot	Md.	
		INERAL DIRECTOR	1	ADDRESS			25a. DATE		Sh REGISTRA	R'S SIGNATUI	RE	
	N	ewnam Funera	1 Home	East	on,	Md.	FEE	3 1 3 1986	garia da	4deon-A	andere	

DHMH - 16 60M 7/84 (VRA 15, 4)



ambdin

064004

- STATE

TYPE OR PRINTS

DECEASED NAME

urtis

12b. KIND OF BUSINESS OR Boat Builder 13e.STREET ADDRESS / ZIP CODE 205 Oxford Road/21654 Wheatley P.O.Box 238 ADDRESS Oxford, Md. 21654 Geneva S. Applegarth APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Syealy PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated 22c DATE SIGNED STAFF PHYSICIAN NI DIRECTOR PHYSICIAN 30 Dover St., Easton, MD 21601 Burial 3-3-86 Oxford Cemetery Oxford Talbot Md. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Easton, Md. Newnam Funeral Home elia Davidson-Randalle (VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

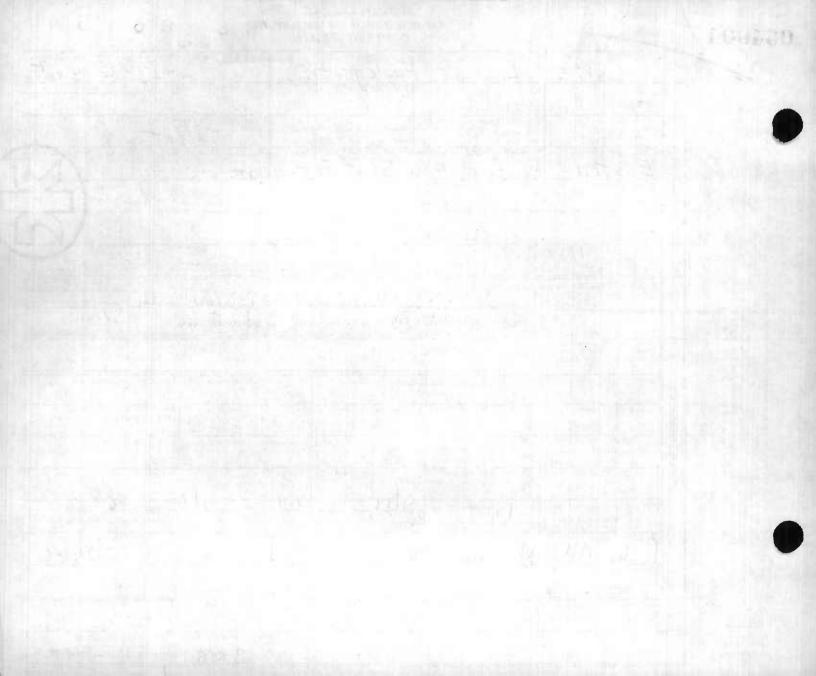
REG. NO

26 HOUR

86

IF UNDER ' YEAR

20 DATE OF DEATH



Femule Caucasian Apr 9, 1900

CONTRIBUTE HEART FAILDIZE

A . O . U brackwall

Promotern Comment

Astylana Caroline Donton X Unno round Mond 2162

Ornation E. Honor Mic 4

George Cilbert Logers Alverta S. Fredito egroed

0 % 8/2 58 9/0P 8/2 00 0°

outles 2/11/96 Denton Cenetery Dunton Caroline Min

Christlan d. Junsen, L.D. F.O. Box 590, Denton, Maryland 21629

220018703 weares a. Merton, Milisbore, Del.

ARTERUCEURICATE CHERNOVILLE DISCUE CHERNE

CARDIAC MICESE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S - STATE CERTIFICATE OF DEATH 065153 REGISTRAR REG NO FASED NAME 2n DATE OF DEATH 2b HOUR YPE OR PRINTS MARY AGE (IN YEARS LAST BIRTHDAY) SEX 4 RACE 5. DATE OF BIRTH DAYS MONTH HOURS YRS 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED TALBOT WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dompsfic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO R 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Brico (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 197, 1), and 19 PART I, DEATH WAS CAUSED BY wy IMMEDIATE CAUSE Id. CINSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDIMON GIVEN IN PART 110 **IFICATION** 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | CERTI 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OT 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF BEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED The PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ild be deta the State [124 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY Braoua 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) were way doon- Mandell

STATE OF MARYLAND

Company of the second s 120200 AND THE STATE OF THE SERVICE



grade of the state a littly to resistant a revenue. The latest of the latest SVOUS AN OWNER SAFERE .. STALED .. T-1-175

Ton our courts august over the state of the

)5217	11	1-	FOR STATE REGISTRAR		DEPARTA	STATE OF MA SENT OF HEALTH A CERTIFICATE	AND MENTAL HYC	GIENES 6	0 6	1 5 9	£
poge 3			CEASED NAME FIRST HATT	1 /	ONTOWE	RY CAC	uK		DAY 2 - 11	-SG 26 HOUR	35
ge 4 mo ector po		3. SE)	MALE	CAUC.		S. DATE OF BIRTH MONTH I	7, 1903	6 AGE (IN YEARS LAST BIRT	YRS	NDER 1 YEAR IF UNDER 2	24 HRS MIN.
death. Pa	35		RTHPLACE (STATE OR FOREIGN OUNTRY) WARYLAND	U.S.A	WHAT COUNTRY?	WIDOWED	EVER MARRIED DIVORCED	9 BALTIMORE CITY O	bot		M
by the f	78	10_CI	EASTON	(IF NOT IN SU	HOSPITAL, NURSING HEACHLITY, GIVE STREET	a doness)	r institution	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF STORE MANA	F WORKING LIFE)	2b. KIND OF BUSINES NOUSTRY	SS OF
in 24 hou y filled in should be	3	13a M		DR OTHER INSTITUTION	ST. MICH	AELS YES	NO THER'S MAIDEN NA	130 STREET ADDRESS / 203 E. MA		2166	3
uned - m	00		FIRST	KLIN CAL	LK SR.		SUSIE ORMANT	WIDDIE	CKLEY	EAST	Ç
	2 medic	0	ES, NO OR UNKNOWN) (IF YES, C	EVE WAR OR DATES)	213-03-0	356 HII	LDA J. CAT	203 E.	MAPLE .	AVE MARYLAND	VAI
U	The same	j	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE) IMMEDIA	only one cause pe SED BY ATE CAUSE (a)	ard Card	io Respu	whom !	Dries L	A	Minik	DEÀTH 7
that the alkethy t by the aneual love remarker, o	r office trainmat		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE	Kuru	ie Arker	wsclarti H	ent Dz		N.
requires to significant plans plans or to burn	, reguery, o	NOIL	PART 2 OTHER SIGNIFICANT	Proba	the Us	yluen	ya 1º	Meu Men	u		
The Saw Con. e hos be sit permi	2	CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH	7		200 AUTOPSY?	IN CERTIFYING		H?
SICIA ng ph certifi uriol-tr	Hem 18	MEDICAL CE	? 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
ING PHY r offendi After this os the but th and M	orked or	MED	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FI		STREET	CITY OR TO	WN	COUNTY ST	TATE
ATTENDI Ospitol or ECTOR: A d for use	л 21 із ш		22a I certify that (1) (this has saw the deceased alive a above, (1) (we) (old) (did a	2-111	108		n (my) (aur) apinian	deoth occurred on the do	ite and haur and		
ITAL OR by the he ERAL DIRE	ANT: #		226 SIGNATURE NAME ITYPE	HWO	9d)	DEGREE	ATTENDING PHYSICIAN E	MEDICAL STAF		2/10/86	5
etoined TO FUNE	IMPORTA	00 "	LIPIAL CREATION PEACON	7 WOG	000	I I I I I I I I I I I I I I I I I I I	EAST	on md			
- to		7 4m R		I E 22h DATE	1 77. A	DAAL OF CEALETEDY	V COR CREAT ATORY	1334 ICAC VITCAN			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23b. DATE

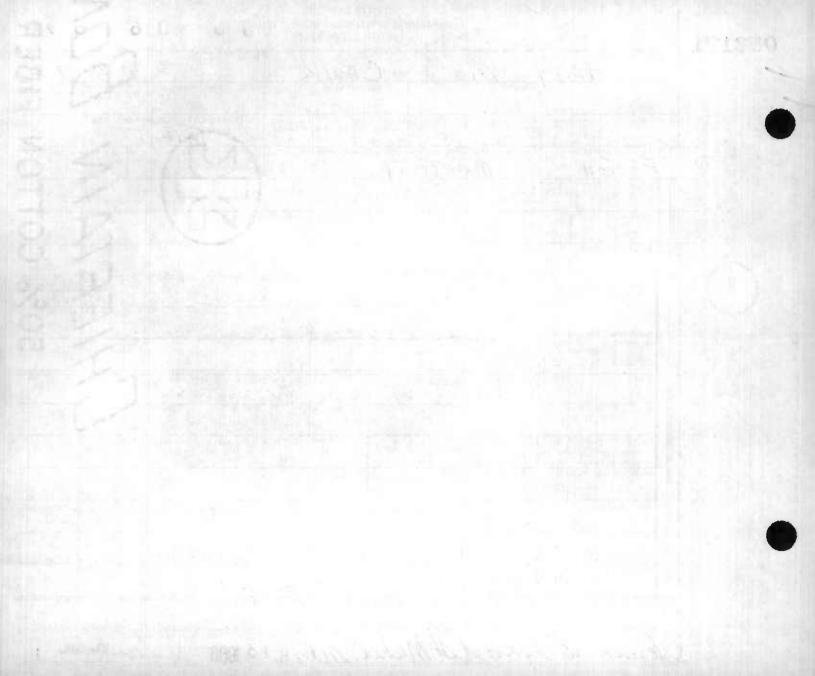
RY ST. MICHAELS, TALBOT Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

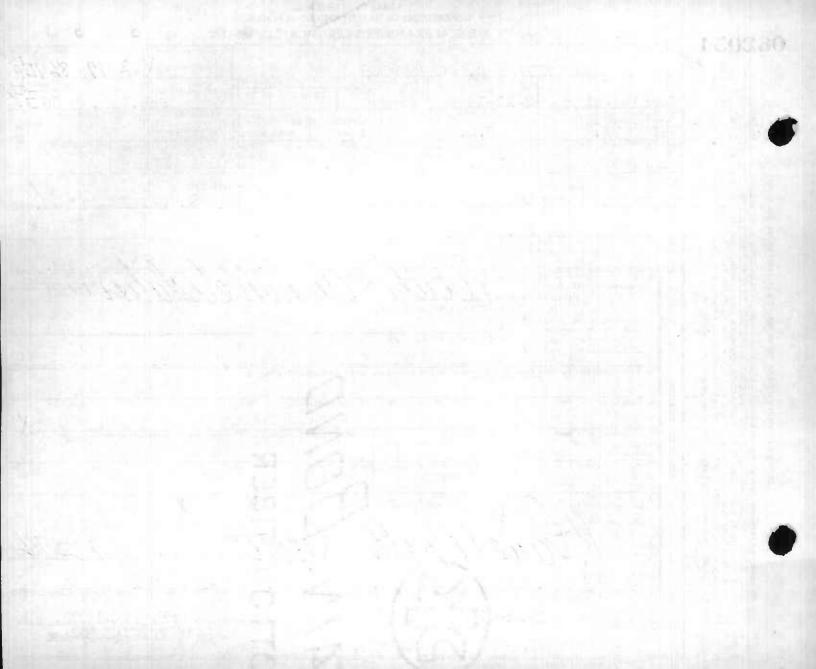
23¢ NAME OF CEMETERY OR CREMATORY

OLIVET CEMETERY

STATE



		500			DEDART		E OF MAR		UVCIENE				
	1-	FOR STATE		ME		EXAMIN		ND MENTAL	4.3	2	0.6		6 0
52054		REGISTRAR CEASED NAME	FIRST	7416	MIDDLE	ENAMIN	LAST	TITICATE		DATE KNO	WN MO	ONTH DAY	YEAR 26. HOU
××10-40	(TYP	E OR PRINT)	VIDCI	ATTA D	CA	TIENDT	CH			OF ES	TI- TI- M	2 17	1986 120
ACESE.	SE)	4	VIRGI	5. DATE OF BIRTH	1	6. AGE IN YEA	RS IF UNDER		ER 24 HRS. 2		MON	VIH DAY	YEAR 2d HOU
225	#0	male	white	2-22-1	909	76 YR	111011110	DAYS HOURS	MIN, P	DEAD	Feb.	21	19 86 37
11	7a Bl	RTHPLACE (STATE		76 CITIZEN OF W		1.4	2	☐ NEVER MAI	PRIED 9	BALTIMORE		UNTY OF	
2		ST VA		U.	S.		WIDOWED	=		TALBO	Т		M
N	0 CI	TY OR TOWN O	F DEATH	II. NAME OF HO	SPITAL, NU	IRSING HOME	OR OTHER I	NSTITUTION	12a. USUA	L OCCUPATION	ON TTYPE OF WO	ORK 12b K	IND OF BUSINESS
0		ASTON		403 S		SHINGT		•	SO	CIAL V	VORKE	R	
2		L RESIDENCE (#	136 COUN	OR OTHER INSTITUTION, O		OR TOWN		INSIDE CITY LIMITS	13e STREE	T ADDRESS		2	1101
16	MA	RYLAND	TA	LBOT	l p	CASTON		ES NO	44	3 S.	WASH	INGTO	ON ST.
2	14. FA	FIRST		NUDDAN		SASE	15.	MOTHER'S MA		Media			SASP
0		JACK	LONG.	JR.	144.00	CIAL SECURITY	NO II	INFORMANT	AE AD	KINS	ODRESS		
1		ES, NO, OR UNKNOW	EVER IN U.S. AR	WAR OR DATES)	3	CIAL SECURIT				are present that	Take Mark		100000
		NO			1733	3-22-8	4651	FRANK	S. LU	CAS/	ÆA;	STON	MD.
			DEATH (Enter or TH WAS CAUSE	ly one cause per ly D BY:	Se to tep	11110	VY	1/4/11	111/9	DVIA	414/	117	PERMITTAND DEATH
			IMMEDIA	TE CAUSE (a)		NSEQUENCE O	.00	vun	refe	w	e co	cur	
OR REMOVAL	1	Conditions	, if ony, which	A PROPERTY AND A STATE OF		AND DESCRIPTION OF							
0 X X			to immediate		PASA CON	NSEQUENCE C						_	
		lying couse		10000	IL MO M LLON	ASKINDENCE C							
		PART 2 DTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT REL	ATED TO THE TERM	NAI DISEASE DR	CONDITION GIVEN IN	PART 1 o				
	Z				_	THE TO THE TERM	WAL BUILDING OR	Condition disease	TAKE I G.				
1	CERTIFICATION	19a. DATE OF C	PERATION	196. COND	OITION FOR	WHICH OPER	ATION WAS	PERFORMED?				20.	AUTOPSY?
	F												YES NO
1	CER	21a. EXTERNAL		21b. TIME C	OF INJURY	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NA	TURE OF INJURY I	N ITEM 18 PART 1	OR PART 2)	A
1		UNDERLYING CONTRIBUTING	☐ OR G ☐ CAUSE OF			19							
	MEDICAL	21d INJURY OF			OF INJURY		211 LOCAT			CITY OF TOWN		COUNTY	STATE
	2		NOT WHILE [100	Septime.				COUNT	STATE
	-	22a. I certify	that I took Than	at the remains de	escribed abo	ove, held an	Autapsy	, Inspec	tion .	Inquiry 1	, and in m	ny apinian	
		death resulted	///	ro/couses	Accident	J 500	for .	Hopfinde .		mined manner			
			114	10	/11	118	1	THE SPERTY	1			0	3- 001
		ACTUAL SIGNATURE	15-11	11111	1/1	you	M.D.	NIMI	MEDIC	AL EXAMINE	R SI	ATE IGNED	1-6-06
-		EXAMINER'S N	AME		VI		- 1	vy					
_		(TYPE OR PRIN	R R	. LANE	WROTI	I, M.D	ADI	DRESSST	MIC	HAELS	MD.	21	663
	(:	SPECIFY)	ON, REMOVAL			NAME OF CEA				ATION		COUNTY	STATE
	(REMATI	ON	2-22-19	86 SA	ALISBU	RY CR	EMATOR		LISBU		ICOM:	ICO, MD.
	. 24. F	NAME		AT TIONE	SS	EACE	ONT N	1 1 2	B 2 7	1986	o pegistral	10000	pandell.
		NEWNAM	L FUNER	AL HOME		CASI	ON, M	m		.500 /			
(VR A15 ME (5)) 20M 4/82		212211212	1 011231							1			



65			JAMES	HOWAP	o Cou	LBY		REG. NO.	Z. 25	86	26 HOUR	
	1.56		4 RACE	770-070,00		E OF BIRTH		6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24	
		lale		casian	No	v. 18,	1913	72	YRS	INIHS! DATS	HOURS	
331	1000	RTHPLACE (STATE OR FORE	-	N OF WHAT CO	UNTRY? 8 MARI	RIED NEVER	MARRIED -	ORCED IALBOT			KIND OF BUSINESS ODUSTRY	
1		eryland	U. NAM		. NURSING HOM	- had	VORCED					
1/	5	EASTON	(IF NO	MEMOR	IAL	HOSPI	TAL	Farmer &	WORKING LIFE)	industry nter	Buil	
34	130. 5	AL RESIDENCE (IF NURSING STATE LTYLAND	Caroli	13c CITY	nce before admissio OR TOWN ENSDOTO	134 INSIDE C	NO X	White s I	ZIP CODE	2.	1639	
15	19	THER'S NAME FIRST John	Howard	Cou]	LAST L hw		S MAIDEN NAM	Louise		Norr	is	
130		VAS DECEASED EVER IN	U.S. ARMED FOR	CES? 166 SOCI	IAL SECURITY NO			ADDRES	SS			
1	1	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D		360728	Doro	thy Co	ulby, Gre	ensbo	oro,	MD	
10.5		18 CAUSE OF DEATH	Enter only one cou	se per line far to), (b), and (c).						MATE INTERVA	
1 2			MEDIATE CAUSE	(0) Intr	ru cenebi	al hem	wrhag	2		40	lange	
cremation or r other troumatio	152	Canditions, if ony, w gove rise to immed cause (o), stating underlying cause	vhich diate	ıb)	DNSEQUENCE OF		-					
to bursal, cremetion or r sjory, or other troumstic	NO	gove rise to immediately stating underlying cause PART 2 OTHER SIGNIF	which diate the lost	TO, OR AS A CO	ING TO DEATH B	SUT NOT RELATED) TO THE TERM	nal disease or cone	ditión given	V IN PART 10		
ere prior to burnal cremaritation or o	TIFICATION	gove rise to immed cause (a), stating underlying cause	which diate the last DUE	TO, OR AS A CO	DNSEQUENCE OF	EUT NOT RELATED		NAL DISEASE OR CONE 200 AUTOPSY? YES NO	206. IF YES, V	WERE FINDIN	IGS USED	
rial Hygiene prior to burial, crementant, are em 18 shows any injury, or other traumatic	CERTIFICAT	gove rise to immed couse 10), stating underlying couse PART 2 OTHER SIGNIF DICLECT 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	which diate the lost DUE lost Plant CONDITION 196 (196 (196 (196 (196 (196 (196 (196	TO, OR AS A CO	ING TO DEATH B	EUT NOT RELATED	DRMED	200 AUTOPSY?	206. IF YES, VIN CERTIFYI	WERE FINDINING CAUSES	GS USED OF DEATH?	
And Mexical Hygiere prior to burial, cremutian, and	IFICAT	gove rise to immed cause 10), stating underlying cause PART 2 OTHER SIGNIF DIGGERATIO 210, ACCIDENT WAS UNDERLY 210, ACCIDENT	which diate the lost DUE lost POPUL TO DUE lost	TO, OR AS A CO (c) MS CONTRIBUT CONDITION FOR IME OF INJURY UR A.M. MON P.M. PLACE OF INJURY	ING TO DEATH B	TION WAS PERFO	DRMED HJURY OCCURR	200 AUTOPSY? YES NO	206. IF YES, VIN CERTIFYI YES Y IN ITEM 18 PAR	WERE FINDINING CAUSES	GS USED OF DEATH?	
of Health and Mental Hygiene prior to burnal, creminitals, and	CERTIFICAT	gove rise to immed couse 10), stoling underlying couse PART 2 OTHER SIGNIF DIGGECT 190 DATE OF OPERATO 210, ACCIDENT WAS UNDERS OR CONTRIBUTING CAU JIF ETHER NOTIFY MEDICAL 21d INJURY OCCURRED HISTORY NOT WHILE HAVER AT WORK 220.1 certify that Oth	which diate the lost	TO, OR AS A CO (c) ONS CONTRIBUT ONDITION FOR ONDITION FO	ING TO DEATH B THE SECOND STATE OF THE SECOND	TION WAS PERFO	DRMED JURY OCCURR DN 19 84	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUR	206. IF YES, VIN CERTIFYI YES	WERE FINDING CAUSES TIOR PART 2) COUNTY	AGS USED OF DEATH? NO	
ote Dept of Health and Mertal Hygiere prior to burial, cremutian, and	CERTIFICAT	gove rise to immed cause 10), stating underlying cause PART 2 OTHER SIGNIF DICLECT 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU JIS EITHER NOTHY MEDICAL 210 IN JURY OCCURRED AT WORK 220.1 certify that Oth saw the decessed above. (In we) (did 22b SIGNATURE W. J. Law W. J. Law AT WORK 220.2 derify that Oth saw the decessed above. (In we) (did 22b SIGNATURE	which diate the DUE lost the Institute of the Institute o	TO, OR AS A CO (c) ONS CONTRIBUT ONDITION FOR ONDITION FO	ING TO DEATH B THE SECOND STATE OF THE SECOND	216 HOW IN STREET	JURY OCCURR ON 19 99 1 (aur) apinion o	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR CITY OR TOV	206. IF YES, VIN CERTIFYI YES VIN TEM IS PARITY OF THE ORIGINAL THE O	COUNTY COUNTY	STAT	
th the State Dept of Health and Mental Hypiere prior to burial, cremutifor, or r PORTANT, if them 21 is manked or them 18 shows pay injury, or other traumatic.	CERTIFICAT	gove rise to immed couse 10), stoling underlying couse PART 2 OTHER SIGNIF DICLECT 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU JIF ETHER NOTHY MEDICAL 21d INJURY OCCURRED AT WORK 220.1 certify that Oth saw the deceased above. The country of the c	CANT CONDITION ICANT CONDITION ICANT CONDITION IPPO (1996	TO, OR AS A CO (c) ONS CONTRIBUT ME OF INJURY UR A.M. MON PLACE OF INJURY OME STREET, FACTOR ded the decease	ING TO DEATH B THE SECOND STATE OF THE SECOND	216 HOW IN 216 LOCATION 216 LOCATION 216 LOCATION 216 LOCATION 217 LOCATION 218 LOC	JURY OCCURR ON 19 89 ((aur) apinion of physician is	200 AUTOPSY? YES NO CITY OR TOV CITY OR TOV TO COURT OR TOW MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, VIN CERTIFYI YES VIN TEM IS PARITY OF THE ORIGINAL THE O	WERE FINDING CAUSES TI OR PART 2) COUNTY 22c DATE 2/2	STAT	
WEORTANT If hem 21 is marked or hem 18 shows any injury, or other traumatic	MEDICAL CERTIFICAT	gove rise to immed cause 10), stating underlying cause PART 2 OTHER SIGNIF DICLECT 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU JIS EITHER NOTHY MEDICAL 210 IN JURY OCCURRED AT WORK 220.1 certify that Oth saw the decessed above. (In we) (did 22b SIGNATURE W. J. Law W. J. Law AT WORK 220.2 derify that Oth saw the decessed above. (In we) (did 22b SIGNATURE	which diate the lost the lost of the lost	TO, OR AS A CO (c) MS CONTRIBUT ME OF INJURY UR A.M. MON P.M. PLACE OF INJURY OME STREET, FACTOR ded the decease 2 S e body ofter dept	ING TO DEATH B THE SECOND STATE OF THE SECOND	216 HOW IN 216 LOCATION 216 LOCATION 216 LOCATION 216 LOCATION 217 LOCATION 218 LOC	JURY OCCURR 1 19 89 ((our) apinion of Physician Sis	200 AUTOPSY? YES NO CITY OR TOV CITY OR TOV TO COURT OR TOW MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, IN CERTIFY! YES YIN ITEM IS PAR THE and hour of	WERE FINDING CAUSES TI OR PART 2) COUNTY 22c DATE 2/2	STAT	

THE HARMS IN THE STATE OF

Anle . Composin Nov. 18, 1913 . . 72

A.S.D Bradytok

ali a

derner & Carpenter idiliti

16312 Caroline Oreensbord x White's Lane 21632

John Hemard Couley Lary Louise Morris

Surfal, 3/1/56 denten Cemetery Denten Carolina MD

- STATE

REGISTRAR

044076

DHMH - 16 60M 7/84

(VRA 15, 4)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Sda PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 IN CERTIFYING CAUSES OF DEATH? NO F COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN bC Burial 2-7-86 Fairview Cemetery Westfield 24 FUNERAL DIRECTOR Easton, Md. Newnam Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

12h KIND OF BUSINESS OR

Insurance

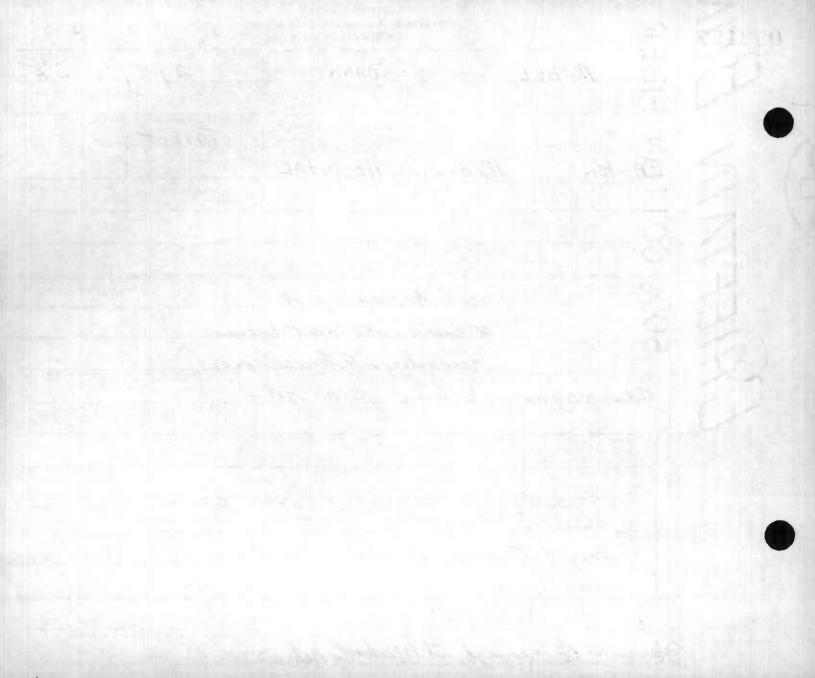
INDUSTRY

Healy

9704A0 ANADE THE LESS SANGE TO THE PARTY The first our transferred at the contract of the T when they are the state of the The state of the s made to the first of 837

52157		FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REC	0	6	6 3
of the of		CEASED NAME	Abe	. /	WIDDLE	7	ANN	20 DATE OF DEAT	1 / C	DAY YEAR	26 HOUR O
e 4 may be ctar. page 3 s ofter death	3. SE		HDC	4 RACE Cauca	MABRY sian		DF BIRTH 10, D1909 YEAR	6 AGE (IN YEARS LAS	of BIRTHDAY)	MONTHS DAYS	
meral dire	1 (RTHPLACE ISTATEORI	FORE IGN	76 CITIZENO USA	F WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED D	9 BALTIMORE CIT		Y OF DEATH	
by the fulled with	1	ASTON		(IFNOT IN)	CHEACILITY, GIVE STREET	NG HOME	POSPITAL	126 USUAL OCCUI	OST OF WORKING LI		OF BUSINESS OF
filled in auld be	13a S	AL RESIDENCE (IF NURS TATE L ryland	Talk	OTHER INSTITUTION	St. Mich	aels	13d. INSIDE CITY LIMITS?	13e STREE 63DRE		E	
Peterely and 2 sh		THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDD	LE	CA.	AST
Pages I a	16a V	ddings Eld VAS DECEASED EVER (ES, NO OT NKNOWN) NO	IN U.S. AR		267-76-6		Mabel Robe	AC	#1, Box	x 273	
toe, require flot the light of the profit of the order of the profit of	CERTIFICATION	Canditions, if any, gave rise to immediate to immediate to immediate the course	nediate g the last.	DUE TO, (c)_CONDITIONS	Rectur	DEATH BU	Datelised NOT RELATED TO THE TERM CVA - SCHOOL NOWAS PERFORMED	MINAL DISEASE OR CO	20b IF YE	VEN IN PART 1	INGS USED
PHYSICIAN The the certificate to the bursil from it and Meetal Hygiele ed or from 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEA CALEXAMINER RED	HOUR /	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE.	19	21c. HOW INJURY OCCUR] YI	ES 🗌	NO [
If AL OR ATTENDING by the looping or chi EAL DIRECTOR, After distribution on mil- state Dept. of Health or NOT If Nett 21 a morks		22a I certify that (I) saw the decease abave, (I) (weeks 22h FLANTURE 22d PHYSICIAN'S NA	(this hospited alive an	1) view the bod	7 19_		nd that in (my) (cor) o pinian	death accurred on the			, that (I) (me) lose causes stated E SIGNED
D HOSPIT To red by O FUNE hoold be the the St					LD, M.D.		Easton, Mar	yland 21	601		
BP	1	URIAL, CREMATION, SPECIFYI Buri				. Mar	emetery or crematory y's Whitechap 250. DA	23d LOCATION CITY OR TOW Live TE REC'D. BY REGISTI	ly L	COUNTY ancaste	

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND

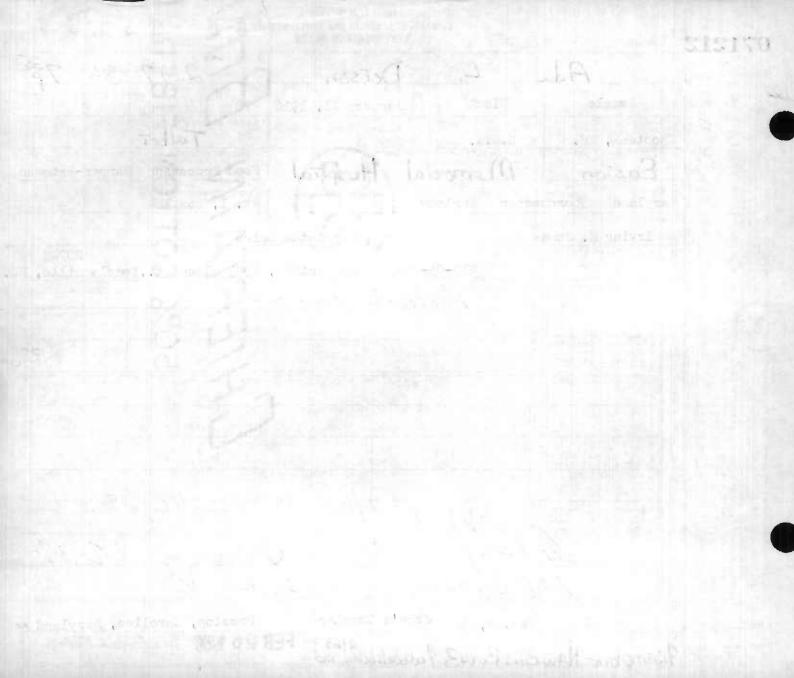
Dennis Sebruary 15 1186 3 4 Herrard TRIBER EASEN Memorial Hospital

	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

50	4	0	6	1	1/2	
0	6	U	0	1	0	-
	050 4					

12	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 1 0 3
114	PECE ASED NAME PE OR PRINT) A A	MIDDLE	DoTson	20. DATE OF DEATH MONTH	-86 7:
1.5	Female	Black	January 21, 1916	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS DATS HOURS
220	BIRTHPLACE (STATE OR FOREIGN COUNTRY) hoptank, Md.	76 CITIZEN OF WHAT COUNTR	Y? B MARRIED NEVER MARRIED WIDOWED DIVORCED	4 - 1 - 10	
18	Easton /	(IF NOM ICH FACILITY, GIVE STRI	al Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b KIND OF BUSINESS INDUSTRY Harper-Bate
13a M		NOTHER INSTITUTION. GIVE RESIDENCE BEFINE NTY hester I3c CITY OR TO Hurloc!	YES NO	Rt. 1, Box 184	· 21643
190	FATHER'S NAME FIRST Irving M. Jone		15. MOTHER'S MAIDEN N FIRST Henrietta	Brice	LAST
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) [1F YES, GI	RMED FORCES? 16b. SOCIAL SEVE WAR OR DATES) 219-05		ADDRESS 1, 2303 Olson St.	20748 Temple Hills
CATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	VEN IN PART TIO S, WERE FINDINGS USED IFYING CAUSES OF DEATH
CAL CERTIF	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR		ES NO
MEDIC MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC (tal) attended the deceased from	111 01	city or town	COUNTY 51A
41.11 1869.23 0	saw the deceased alive or obove, (1) (we) (did) 157 77b. SIGNATURE	Heady after de6th. 19	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
MPORTAL I	22d PHYSICIAN'S NAME (TYPE O	1D Crowle	ey 22e ADDRESS	aston, MD	
_	Burial Burial		ohn's Cemetery	CITY OR TOWN	ine, Marylan
	FUNERAL DIRECTOR .		2/632-25		

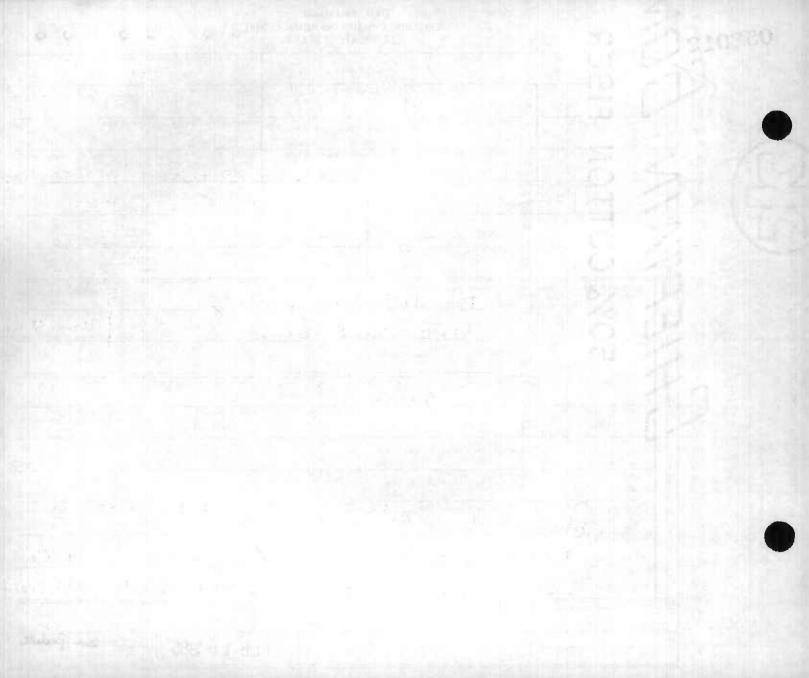


1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

012	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND A	MENTAL HYGI EATH	0 0	REG. NO.	0	6 1	6 6
120		POSED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DE		ONTH D	AY YEAR	2b HOUR
10	Links	GAI	JLT			EAST	MAN	100		2	14	86	3:15AMM
(0)	1.583			4. RACE		5. DATE C			6 AGE IN YEAR	S LAST BIRTHO		FUNDER I YEAR	IF UNDER 24 HRS
	-	male	31	caucas	sian	7 MONTH	6 DAY	03	82		YRS.	ONTHS DAYS	HOURS MIN.
	7s. B1	ETHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER M		9 BALTIMORE	CITY OR		OF DEATH	
2	01	nio		USA		WIDOWE		ORCED	Talb	ot.			MD.
1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		R OTHER INST	ITUTION	120 USUAL OC	CUPATION			OF BUSINESS OR
10]	Easton			n Nursin		er-The	Pines	Exect				ishing Co
2	변	L RESIDENCE IN NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CI	ITY LIMITS?	13e STREET ADI				
0	Ma	aryland	Ta1	bot	Eastor		YES 🗌	NO X	Doncas			/2160	1
6	14 F#	THER'S NAME	_	AIDDLE	LAST			MAIDEN NAM		AIDDLE		1.0	67
∞	1	Robert	C		Eastman		Mary		Elizab		W	hites	ide
/		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMAL	NT	1/. 1		Terra	ace.	
	NO	,			060-10-	-1430.	ANancy	E. Rou	se Ft			Kv 4	1017
		18 CAUSE OF DEAT	H (Enter onl	y ane cause pe									ONSET AND DEATH
	3	PART I. DEATH W	MMEDIATI	E CAUSE (a)	Preud	obru	000	rpa	Done			7	
	9	0.00						1	0			1	-
2	75	Canditions, if ony, which (b) arteriosclaroscs											
		gove rise to immo cause (a), stating underlying cause	ng the	DUE TO, C	r as a consequ	IENCE OF						1	
	-			(c)_									
	NO	PART 2. OTHER SIGN	VIFICANT C	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE C	RCONDI	ION GIVE	N IN PART I	0
_	ATIC	190 DATE OF OPERA	IION	TION COND	ITION FOR WHICH	OPERATION	N WAS PERFO	PAAED	20m AUTOPS	.v2 I	ON IE VES	WERE FINDI	NGS HEED
2	FICAT	DATE OF OTERA		170 CON	mon rok winer	TOTERATIO	TY TY ASTERIO	K/*IED		i i	N CERTIFY	ING CAUSES	OF DEATH?
5	CERT	21g. ACCIDENT WAS UN	DERLYING TO	21b TIME C	E IN II IPV		121, HOW IN	ILIPY OCCUPPI	YES N	OK)	YES		NO 🗆
8	0 1	OR CONTRIBUTING		110110 1	M. MONTH D	AY YEAR	Tak HOW IN.	JORT OCCURR	LD LENTER NATUR	t OF INJURY I	N IIEM 18 PA	HITUMPART 2)	
1	NCA.	21d INJURY OCCUR			M.	19	ZII LOCATIO	SNI					
	MEDIC	NOT WA	OLE		OF INJURY REET FACTORY, OFFICE	FARM, ETC)	STREET)	C	ITY OR TOWN		COUNTY	STATE
		22a I certify that		al) attended th	e deceased from_	12	-26	1973		-5	. 1	985	tho (1) (we) lost
		saw the deceas obove, (I) (we)				8Co. or	d that in	(aur) apinian d	eath occurred a	n the date	and haur	and from the	causes stated
		226. SIGNATURE	aldi (did hoi	I view the body	difer death.		DEGREE					22c. DATE	
		Rales	tw	Too	ven.	M. D	A	TTENDING THE	MEDICAL DIRECTOR	STAFF	N	2-	14-870
		22d. PHYSICIAN'S N.	AME (TYPE OF	. , -			22e ADDRESS		DIRECTOR	FITTSICIA			
		Robert V	J. Tr	ever.	M.D.		RD:	3 Bo	x 29-	7	Eas	ton	Md. 2160
		URIAL, CREMATION,		236 DATE		NAME OF C	EMETERY OR C		23d LOCATK				
		emation		2-14-	.86 Sa	alisb	ury Cr	emator	ry Sali	sbury	Wie	comico	Md.
84		NERAL DIRECTOR						25a. DATE	REC'D. BY REG				WRIFFORDER
	1	lewnam Fu	mera	T HOME	e, Last	ion,	vid.	1	EB 18	1900	0		



Easton, Md.

FOR

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0				
			X334	
	96	Supt 10, 1889	Cencesian	ole
	deals/		.A .E .O	
Store	Janoise			
1000	Pork Avenue	x emil neo	up o'enna meen)	Maryland
tegno!	Vi a d d	вопда	A. Olbron	con 5
	. oldaellie .	1 dergaret 7081	22012	off

Burial Caentious Caestary Creamsons Caroline M.

	FOR STATE REGISTRAR			DEPARTA	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 CERTIFICATE OF DEATH REG. NO.							
1	DECEASED NAME LAWRENCE MID			F. Goedeke			2a. DA	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 20 2 7 M				
				White			S. DATE OF BIRTH Sept. 25 1897		(IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
5	C	Md.	Md. U.S.A.		.A.	WIDOWE			IMORE CITY O	R COUNTY	OF DEATH	MD.
8		EASTUN		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Easton)			Hospital		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Clerk		126. KIND OF BUSINESS OR INDUSTRY Balto. Trant.	
5	13a. S	AL RESIDENCE (IF NURS STATE Md.	13h COU			ADMISSION)	13d INSIDE CITY LIMITS	DM 7 D 4		ZIP CODE OX 151	21601	
)(D FA	Aloysius Goedeke LAST					IS MOTHER'S MAIDEN NAME Elizabeth Schreiber					
1		VAS DECEASED EVER VES NO OR UNKNOWN) NO	AED FORCES? 166 SOCIAL SECURITY NO. 216-09-3836		John S.	Goedek	ADDRE		East	on, Md.		
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	D BY: TE CAUSE (a)	A	tac	anes	T			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any,		DUE 10, OR	AS A CONSEQUE	NCE OF	nyoca	dial	inda	win.	1 12	Lhus.
		couse (a), statin underlying cause	g the	DUE TO, OR	AS A CONSEQUE	BULLY	artery	dise	use (Acut	2)	ream
2	CERTIFICATION	The DATE OF OPERAT	e d		Ling ION FOR WHICH	OPERATIO	N WAS PERFORMED	Pin YES	gestr	IN CERTIFY YES	WERE FINDING CAUSES	ailue
7	MEDICAL CE	21a. ACCEPT WAT UND OR CONTRBUTING CO- 19 EITHER HOTEL WEDK 214. INJURY OCCURR	AUSE OF DE	HOUR AA	A MONTH DA	19	THE LOCATION	CURRED (IN	NOTE OF SECTION BY		COUNTY COLEMN 21	brait.
	W	220 I certify that (I) saw the dependency (I) //we find 220 SIGN ATURE	(this hospi	tal) attended the	deceased from	8	d that in (my) (aur) apie	, to_ nion death ac	2 curred an the do	nte and havi	980	that (1) wast

72e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

Holy Redeemer

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After

IMPORTANT: H

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

injury, or other troumatic

24 FUNERAL DIRECTOR NAME Leonard J. Ruck, Inc. ADDRES 305 Harford Rd. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23b. DATE

2-20-1986

Baltimore

COUNTY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 2.1 1986

Md STATE

- C C	o o unit				
1 - 45	-	SA STANSON	A Lite World	A	11 1 2 63
			nite	-10	T PER
	1.1607		.A.3.0	. Mil	
sakel . G. Lin		Teathlean FRank	SALS National	12 7 A	4 N
			no. 14 Pind	.0	
100 20000		31751		all modes	
		Jahard Jaksen	أفلي دروسا		
		buryen is			
				7	
Joseph .			walled t		
*	prodict a		9021-00-		
		. Di storie	J. Buds, Inc.	tAnoui	

056111

		FOR		DEPART		E OF MARYLA		IENE (3)	0	6 1	7 3
	1 -	STATE REGISTRAR			CERTIF	ICATE OF D	HTAB	O O REC	5. NO	0	10
		GEASED NAME FIRST		WIDOLE	- '	AST	TO X T	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR 35
0		HIbe		DWARD	Dr.	c901	9		2-1	1-84	101AM
	3 SEX		4 RACE		5. DATE C	OF BIRTH /	YEAR	6 AGE LINYEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	1 00.	male	caucas		12	1/	03	82	YRS.		
2		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI	D NEVERA	AARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
2		aryLand	USA	HOSPITAL, NURSII	WIDOWE		VORCED [12g USUAL OCCU	4/Loo	135 KIND O	MD. OF BUSINESS OR
8	1	EasTON	(IF NOT IN SU	e More	A AOORESS)	OTTLK INST	IIONON	Carpent	ST OF WORKING		
35	130 S	AL RESIDENCE (IF NURSING HOME STATE aryland Tal		131 CITY OR TOW Eastor	NN	13d. INSIDE C	NO TX	Rt.1 Bo	ss / zip cor) 21601	
-	_	THER'S NAME	MIDDLE	LAST			MAIDEN NA				
2ε	W:		ward	Gregor	ry	Emma	FIRST	Florence	e	Greave	S
1	160 V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC		17 INFORMA			DRESS	DA Phy	
		VAS DECEASED EVER IN U.S. I (ES NO OR UNKNOWN) (IF YES. (218-05-	-8278	Mamie	E. G	regory	see 1		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per SED BY:	1	nd ic.		1) to	0		BETWEEN C	ONSET AND DEATH
		IMMEDI	ATE CAUSE (a)	Carce	mon	ra -	- Occ	2 rue	7-	- Bu	with
	11.5	Conditions if any which	1	R AS A CONSEOU	JENCE OF				(1000	
н		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)_								
		underlying couse last	DUE 10, 0	r as a conseou	JENCE OF						
	N	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 100	0
7	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20h IF YI	ES, WERE FINDIN	NGS USED
1	RTIF							YES NO	1	YES 🗌	NO 🗌
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		OF INJURY .M. MONTH D	AY YEAR	ZIc. HOW IN	JURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19	21f LOCATIO	N)				
	WED	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE,	FARM ETC)	STREET	714	CITY	OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this has		e deceased from.			. 19	, to			that (1) (we) last
	33	saw the decased alive above, (V (we) (did) (did)	nat view the body	often death.			(aur) apinian d	death accurred an th	e date and ho		
		Naturile	OPT	3/11/	(1)		TTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF (SICIAN []	22c. DATE	SIGNED
	(THE PHYSICIAN'S NAME (TYP	OR PRINT)	Til		22e ADDRES					
E		Lawrence	D. Boha	an, MD		Duto	chman'	s Lane,	Easto	n, Md.	21601
	- (URIAL, CREMATION, REMOVA				EMETERY OR C		23d LOCATION	N	COUNTY	STATE
		Burial	2-18-	-86 SI	pring	Hill	Cemet		on I	Calbot	Md.
4		UNERAL DIRECTOR NAME EWNam Funera	1 Home	AOGE S	ston,	Md	250 DATI	KELICIDE ESTA	1986 GIS	HARE STEAM	son Jandall
	TA	ewitain Fullera	I HOINE	Па	ocon,	IIU.					

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the burial-tronsit permit. Then with the State Dept. of Heolth and Mental Hygiene prior to bu

056111 and the second second second

Billian Barrell H. January J. L. Langer

052136 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	STATE	OF	MAR	Y
DEDADTM	LENT OF H	AL	TH AN	ı

LAND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGI	IENES 6	0 6	17	2
		CEASED NAME OR PRINT)	PRST MO	rris E	Edward		HAMMOND	20. DATE OF DEATH		YEAR 2b H	OUR38
	1.5D	x	4.	RACE	- 11	5. DATE C		6 AGE (IN YEARS LAST BIR	(YACH)	DAYS HOU	DER 24 HRS
	1	Male		Whi	te	Janua	I. 4 a a a	78	YRS	32.5	
2		RIHPLACE STATE OR F	OREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF DE	EATH	
1		Maryland		US		WIDOWE	DIVORCED		14/1007		MD.
8	12	EASTON	1	(IF NOT HUCH	PACILITY, GIVE STREET A	DE L	LOSPITAL	occupation of the control of the con	FWORKING LIFE) IN[KIND OF BUS DUSTR'Gene Farming	eral
3	130. S	aryland	NP COUNT.	Anne's	13t CITY OR TOWN Queensto	1	13d. INSIDE CITY LIMITS? YES NO 🐧	R.D. 2,	Box 440,	216	58
1	FA	John	W	esley	Hammon	i	15. MOTHER'S MAIDEN NAM	Elle		Abran	ns
n		VAS DECEASED EVER	IN U.S. ARMI		166 SOCIAL SECUR	ON YII	17 INFORMANT Niec		H.D. I	, Box	230A
1		Yes	WW	II	217-36-1	469	Mrs. Joan Don	away, Willa	rds, Md.		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter anly 'AS CAUSED IMMEDIATE	BY:		sasc	ular as	cident	-	APPROXIMATE II BETWEEN ONSET	AND DEATH
	NO	underlying cause	nediate g the last.	(b) O DUE TO, OR	AS A CONSEQUEN	NCE OF	erotic Car	dispossed	DITION GIVEN IN	PART Ira	<u></u>
1	CERTIFICATION	190 DATE OF OPERAT	1001	196. CONDIT	TION FOR WHICH O	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WER IN CERTIFYING YES	CAUSES OF D	
7		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		لببا		
	MEDICAL	21d. INJURY OCCURR		21e PLACE C	DE INJURY EET, FACTORY OFFICE, FA		216 LOCATION STREET	CITY OR TO	wn cc	YINUC	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (d	ed alive an_	9 F	el- 19 8	1-11	nd that in (my) (fur) apinian d	eath accurred on the de		ram the cause:	
1		22b. SIGNATURE	0	E	Dis	^		MEDICAL STAI	F	2/9/	
		L. Thow	AME STYPE OR P	Olivi	, 4. 19,		220 ADDRESS 404 Mary	elct	Easto	in, M.	d
		BURIAL, CREMATION,	REMOVAL	236 DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	vty	STATE
		Burial		Feb. 12.		ester	field Cemeter				Md.
		UNERAL DIRECTOR			eral Home	34.5	FED	1.4.1008	756 REGISTRAR'S	SIGNATURE	
	J	ames H. Ba	rton,	Jr., Ge	entrevill	e, Mc	1. 2101/	THE PERSON NAMED IN	I minimized	POLICE NO LOS	A STATE OF THE PARTY OF THE PAR

DHMH - 16 60M 7/84 (VRA 15, 4)

The second of the second Seers whole kill is it. CALLEGE TO THE COME SAME SEEDS AND THE CALLEGE Labor of Chicken Tell, Sundreville, vo. 21-12, Delimination of the Chicken Typener - Ways Hays 277 - 20 5 Laurent Harman III attended La Maria Comment Comment of the Comm

SECHIO

Lowest Tallot Branch

THERE OF HARDE

Alengt Michaels Johnson - Jeffe Pectrick Comman, Joseph Civi

Tagina, identificad 21601

days letter . S. Novice

12.12

0561

		1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLA LEALTH AND A LICATE OF D	MENTAL HYG	IENE 8	S REG. N	0	6 1	7	5
244			CEASED NAME	FIRST		WIDDLE	t	AST	- T	20 DATE OF	DEATH	MONTH	DAY YEAR	2ь но	UR
	7		RUSS	ELL	CLA	IRE .	JONE:	S, JR.					16 8	5 2	P.M
- '		3 SE			4 RACE		5. DATE C	OF BIRTH	YEAR	6 AGE INY	EARS LAST BIR	THDAY	MONTHS DATE		R 24 HRS
		_	male		caucas		11	4	14	71		YRS			
27	1	(RTHPLACE (STATE OR F			WHAT COUNTRY?	8. MARRIE	D NEVER A	AARRIED 🗆	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	The	
2)	_	nnsylvan		USA		WIDOWE		VORCED		lbot				MD.
30	1	200	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESSI		TITUTION	120 USUAL (K FOR MOST C	F WORKING L		OF BUSIN	ESS OR
100	1	-	ston	NO HOUT OF		Box 756		ston		Vete:	rnar	ian		- 6	
力	1	13a S	AL RESIDENCE (IF NURS	13b COU	VIY	13c. CITY OR TOW	N	13d. INSIDE CI	7.7	13e STREET	ADDRESS /	ZIP COD	E		
	1000		ryland THER'S NAME	Tal	bot	Easton	1	YES THERE	MAIDEN NAM		Box	/56	/2160		
	M	1	ussell	C	MIDDLE	Jones	Sr		FIRST	V.E	MIDDLE		77.7	AST	
0		An V	AS DECEASED EVER	IN II S AR	MED FORCES?	16b SOCIAL SECU		Mar 17 INFORMA			ADDRE	22	E1:	LIS	
medico		YF	S NO OR UNKNOWN)	WEYES, GO	E WAR OF DATES)	185-10		1	y Mc.	Ton			13e.		
the T	F		18 CAUSE OF DEATI	I (Entre or				A	y IIC.	3.30116	4.4	see		DXIMATE INTE	RVAL
move vent,			PART I. DEATH W	AS CAUSE	D BY:	Metas	ate	Corn	NAMA	Ithe	Ala	elden	BETWEE	N ONSET AN	DEATH
or rep	1			IMMEDIA	TE CAUSE (0)	AC A CONSTOUR	NICE OF	0.00	,,,,,,,,,,	1	· · ·		-	Ju	2
non,			Conditions, if ony,	which	(b)	r as a conseque	NCE OF								
er tr			gove rise to imm couse (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF		3 1.52			-1.			
ol, cr r oth			underlying couse	lost.	(c)_							LEE			
buri		7	PART 2 OTHER SIGN	IFICANT	ONDITIONS CO	NIRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NAL DISEASI	EORCON	DITION GI	VEN IN PART	110	- 11
or to		O.			ulty	le My	HOW	M.							
vs on	7	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTC	PSY?	10 CERTI	S, WERE FINE FYING CAUS	INGS USE S OF DEA	D TH?
shov		ERTI	21a ACCIDENT WAS UND	EDIVING T	1 21b. TIME O	E INTUIDY		Tale HOW IN	LUDY OSCUPD	YES 🗌	NOX		S 🗌	NO [
OIH)	-6	AL C	OR CONTRIBUTING C	-		M. MONTH DA	Y YEAR	ZIL HOW IN.	JURY OCCURR	ED (ENTERNA	TURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2		
Went r Her		MEDICA	(IF EITHER NOTIFY MEDIC		21e PLACE		19	21f LOCATIO			13.				
ed o		ME	WHILE NOT WH	LE 🗀		EET, FACTORY OFFICE, FA	RM ETC)	STREET			CITY OR TO	WN	COUNTY		STATE
mork			220.1 certify that (I)		tal\ attended the	a deceased from	11/8	5	. 19	. F	eb.		10 86		
of He			sow the decease above, (1) (we) (d					nd that in (my)		_, 10		ote and hou	17	that (I) (
tem			22b. SIGNATURE	id) (did no	t view The body	offer death.		DEGREE						E SIGNED	
T. F.			why	Jalo	od ()		MI) A	TTENDING PHYSICIAN	MEDICAL	STAF	FIANI	2/	17/86	100
TAN		1	224. PHYSICIAN'S NA	ME (TYPE C	R PRINT)		1.01	22e ADDRESS		JMECTOR					
MPORT,			Willia	m H.	Wood,	MD.		Dutch	man's	Lane,	Eas	ston,	Md.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detoched for use os with the Stote Dept. of Health.

Newnam Funeral Home

230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

Easton, Md.

2-19-86

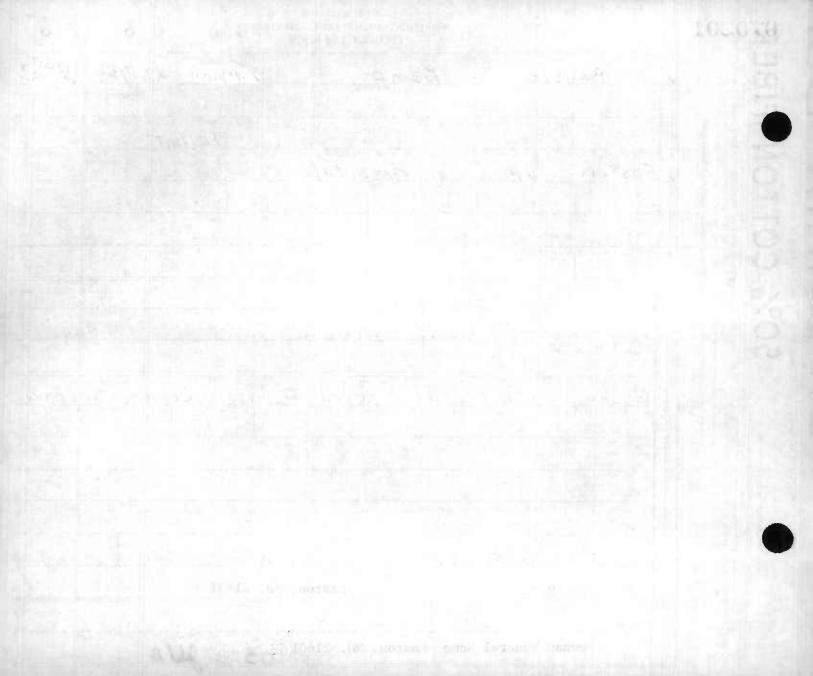
23b. DATE

Charles Evans Cemetery Reading

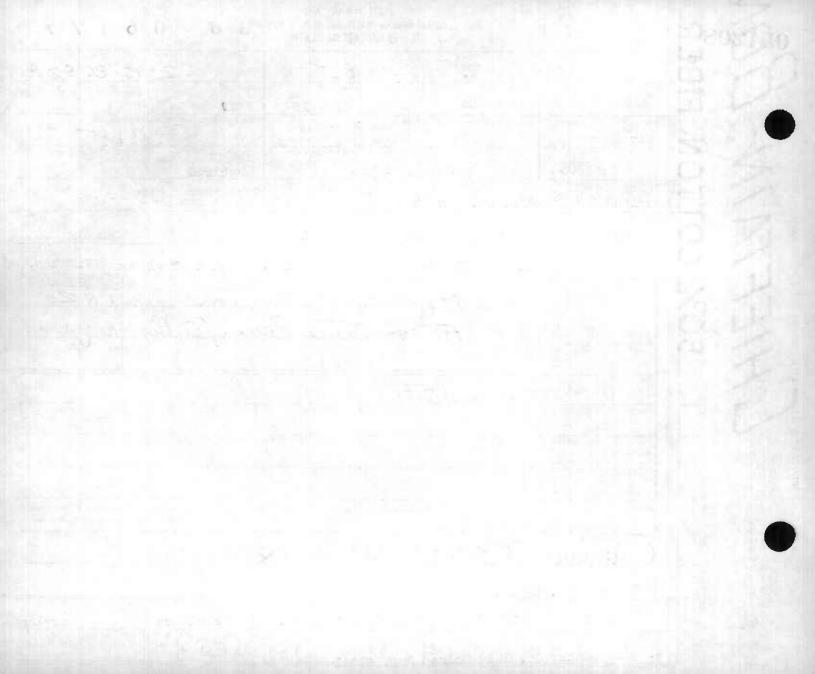
STATE Pa.

Berks

254 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



4009	1.	FOR STATE	D	EPARTMENT OF H	E OF MARYLAND	GIENES 6 0	6177
1208		REGISTRAR CEASED NAME A FIRST	WIDDLE		AST DEATH	REG. NO.	DAY YEAR 26 HOUR .
10 E	(TYPE	OR PRINT! Mel	Vin T.	Lor	gest	2.	-15-86 855 A
	3, SEX	Male	4. RACE White	5 DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
(1)		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COLUMN	UNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COU	
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired	12b. KIND OF BUSINESS OF INDUSTRY
100	13a S Ma	aryland Car	NTY 13c. CITY (nce before admission) OR TOWN Ceston	13d. INSIDE CITY LIMITS?	Rt #1 Box 8	21655
1:05	5	THER'S NAME Warren		ngest	IS MOTHER'S MAIDEN NA	WIDDLE	Brooks
Pogni C		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	AL SECURITY NO. -01-7853	Margaret G	• Longest RT #1	216 L Box 8 Preston,
nding physics corbol paper. or removal		PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a ED BY: TE CAUSE (a) DUE TO, OR AS A SQ	yorawa	real who	volin C+ n	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by the other control of company of company or other troun		Conditions, if any, which gave rise to immediate couse to, stating the underlying cause last	DUE TO, OR AS A CO		Capille Cl	Marky M M	s 10 gener
Theo p	HOIL	1)19/03	to rue	the		minal disease or condition	
dh a permit	RTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
g physic certifican cual-transmental tryg frem 18 s	ICAL CE	?)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	HOUR A.M. MON	19		RRED (ENTER NATURE OF INJURY IN ITEA	n 18 PART I OR PART 2)
after the	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTOR)		216 LOCATION STREET	CITY OF TOWN	COUNTY STATE
CTOR A CTOR A d for one 1, of Heal				19 0	-	death accurred on the date and	hour and from the causes stated
FUNERAL DIRECTOR OF FUNERAL DIRECTOR OF THE STORE DEPO OPERANT If the		22d PHYSIONAN S NAME (1991	DEN	MA	ATTENDING PHYSICIAN 27% ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	21s. DATE SIGNED
or o		Lawrence A.				Tanka a sasa a	
	1 23a. E	GURIAL, CREMATION, REMOVAL SPECIFY) Buríal	23b. DATE 2/18/86		emetery or crematory ne Park Cem.	23d. LOCATION CITY OR TOWN	COUNTY STATE



065	177	II	FOR 3/6/86 2 STATE 3/6/86 2 REGISTRAR	pap phone.	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	0 6	1,78
by be	deoth	(TYPE	CEASED NAME FIRST	MIDDLE		Mace, Jr.		2-14-9	76 HOUR 41 86 45M
E	urs ofter	3. SE	Male	White	S. DATE C	DAY YEAR	6. AGE INYEARS LAST BIR	YRS.	DATS HOURS MIN.
death. Po		M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIE		9 BALTIMORE CITY O	IboT	MD.
urs ofter	A Miled with	1	Easton /	11. NAME OF HOSPITAL, (IEM SUCH FACILITY, G)	VE STRUET ADDRESS)	DSPITA	12a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF PROPERTY OF THE PROPE		KIND OF BUSINESS OR USTRY
A street	35	13a.	Md. Dor	rother institution give resident NTY Chester Car	or town	13d INSIDE CITY LIMITS? YES A NO .		zip CODE enburn A	ve 21613
7	1991		John	Mac		15. MOTHER'S MAIDEN NA	a	Bril	ey
3	12		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	-38-0659	Mrs. Anne	B. Mace 1	tem # 1	
	emoval event, it	6	PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per lipe for (a), ED BY TE CAUSE (a)	11	y. Ser	ni	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Inc.	motion, or notion, or r travmots	1	Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	mon	duct a	elistrant	un	
Cam hour	please of burnd, cre y, or othe		underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONCORDITIONS CONTRIBUTION	lede.	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN P	'ART Ira
W.	one prior to one prior to one prior inju	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH? NO []
Continue physics	O September	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON'	TH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B PART I OR F	'ART 2)
3	th and M th and M arked as	WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN COU	NTY STATE
Attrend symple	d for one c of Heal m 21 s m	1	27e certify that (I) (this hasp saw, the deceased alive an above II) we (did) did sa		/ or	d that in (my) (aur) opinion	death accurred on the de		A STATE OF THE PARTY OF THE PAR
MAL DES	Hote Dep	-	SIGNATURE SHAME	3556		ATTENDING PHYSICIAN S	DIRECTOR PHYSIC	#	DATE SIGNED
o HOSP entered TO FUN	MPORTA		Stanley Bys			Easton, Mo			
BP		73a. E	BURIAL, CREMATION, REMOVAL	2/16/86		EMETERY OR CREMATORY Churchyar	d Cambric	dge, Dor	. Md. STATE
DHMH - 16 (VRA		24 FI	UNERAL DIRECTOR NAME Thoma	s Funeral How	Mess Cambr	idge, Md 250 DA	TE DECID BY DECICTBAD		

ART 290 Marson 2 14 36 TodlaT Thougast Lougnem 1823

12h KIND OF BUSINESS OR

21640

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

home

Emerson

Lawrence Bohan, M.D.

Easton Md. 21601

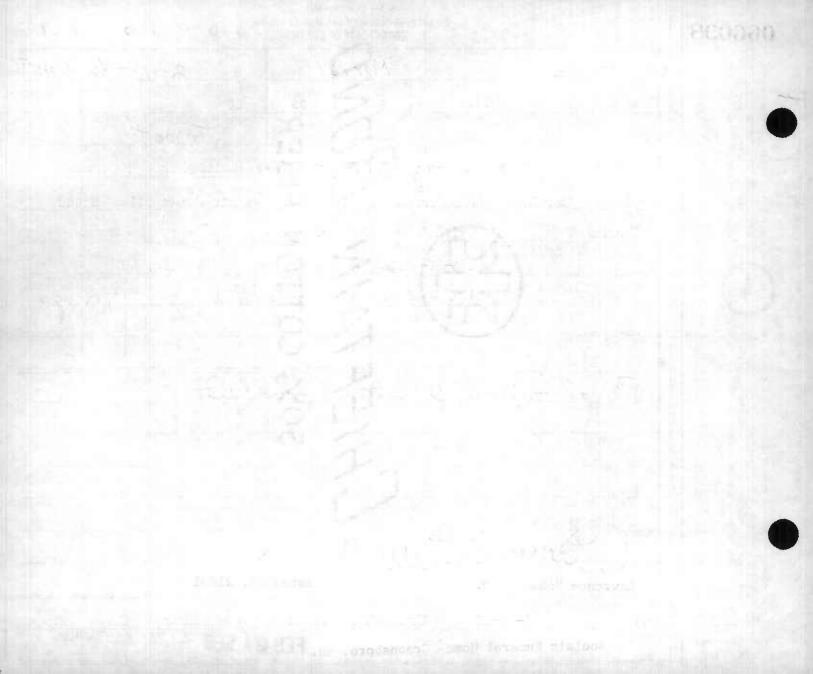
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TIS BURIAL CREMATION, REMOVAL 73r. NAME OF CEMETERY OR CREMATORY 11h DATE 1-20-86 Burial

734 LOCATION Greensboro Cemetery

24 FUNERAL DIRECTOR Boulais Funeral Home Greensboro, Md. Greensboro MD

DHMH - 16 60M 7/84 (VRA 15, 4)



038	3013	1 -	STATE REGISTRAR			DEPA		ICATE OF DEATH	TGIENES	6 REG. NO.	6	1 0	, U
and for	poge 3			lary	RACE	A.	S. DATE C		2a DATE C		IF UN	86 DERTYEAR I	DE HOUR 233 IF UNDER 24 H
- 1	actor rs of	/	Female		W	nite	Fe			76 y	RS MONTH	DAYS F	HOURS
	135	Je III	Maryland	DREIGN 7b		WHAT COUNTE	MARRIEI WIDOWE	DIVORCED	_	Talbot	Coul	.1 .	
10	C C	1	eston	1.4	EQ S	+ON	Memo	ROTHER INSTITUTION	(TYPE OF WO	OCCUPATION ORK FOR MOST OF WORK OUSEWIFE		b. KIND OF I IDUSTRY	BUS INESS (
27 150	1	13a. S	[aryland	Queen		13c CITY OR TO		13d. INSIDE CITY LIMITS?	20	ADDRESS / ZIP (Drive	216	66
1	molenni no od 2	14. F/	THER'S NAME FIRST Joseph	H.		neering	ger	15. MOTHER'S MAIDEN I	NAME	WIDDIE		Welch	
De execut	Poper I		VAS DECEASED EVER I (ES NO OR UNKNOWN)	N U.S. ARME (IF YES, GIVE W		212-10		17 INFORMANT Mary Harre	11 207	ADDRESS Tower Dr			666
that the death certificat	by the attending physical common action and all cemosition or ranges of other transmitting event,		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	AS CAUSED E IMMEDIATE (which ediote	DUE TO, O	R AS A CONSECUTION	OUENCE OF	Biling (line 2000 h	2520		BETWEEN ON	ATÉ INTERVAL ISÉT AND DÉAT
-	hen pla No bucc Ajury, o	NO	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION	GIVEN #	PART lia	
he law re	Por person	TIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AU			RE FINDING CAUSES O	
Class T g physic	serticote signature in the state of the stat	CAL CERT	210 ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTH M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITE	M 1B PART I C	OR PART 2)	
G PHYS	hond Me	MEDICAL	21d INJURY OCCURRI	LE 🗆		OF INJURY REET FACTORY, OFFI	CE FARM ETC	21f LOCATION STREET		CITY OR TOWN	C	YINUO.	STATE
MATTENDIA OF ASSESSED	hed for over right of Healt New 21 is mo	16	22a I certify that (I) (saw the decease that I we	d alive an		19	9, ar	, 19, 19					
31	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Alle 1/	NOA	erul	2.1	۵.	ATTENDING	MEDICA	STAFF		2/3	196

STATE OF MARYLAND

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

Feb 4 1986

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

126 KIND OF BUSINESS OR

Cockeysville Maryland

. 19_____. that (1) (we) last

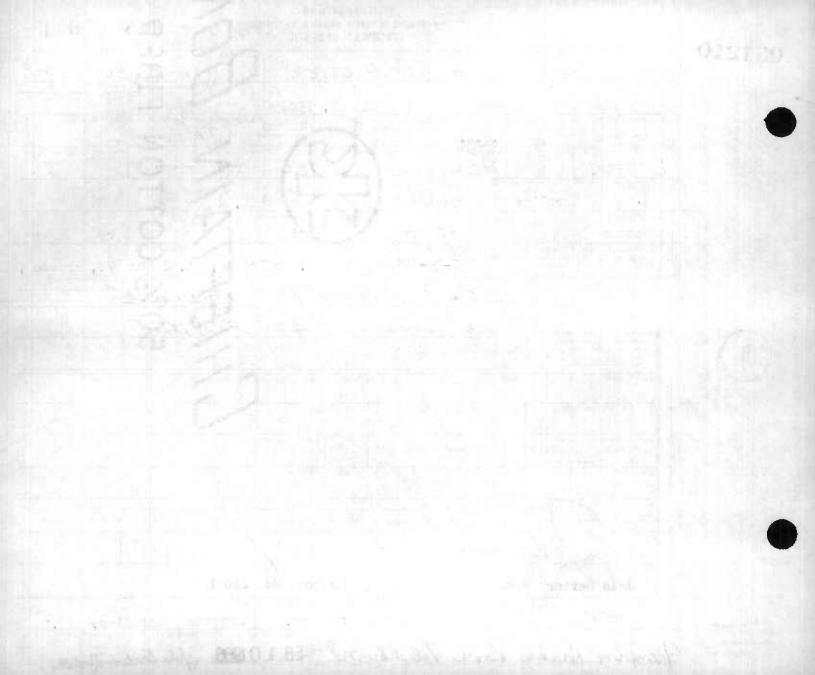
and Francisco

Cockey aville Harmland

14 B C 1 1886 June 1997

wile country of - and - Labour

put in a constant of the state of the state



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			REG. NO.	And the second of the second of the second
I DECEASED NAME FIRST	WIDDLE	ŁAS1	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
RUTH	G. N	ŒRKLE	2	23_86 10:05AN
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
female	aucasian	3 15 1900) 85 YR	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COLL	NTY OF DEATH
Maryland	USA	MARRIED NEVER MARRIED	Talbot	MD
	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
f	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) INDUSTRY
Laston ISUAL RESIDENCE LIENURSING HOME OR		Center-The Pines	Housewife	
136 STATE 136 COUN	TY 13t. CITY OR TOW		13e.STREET ADDRESS / ZIP CO	ODE
	bot Eastor	YES NO X	Rt.1 Tunis M	ills/21601
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	1241
James Perc		Clara	Ada	Lomax
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU			Box 551
(YES, NO OR UNKNOWN) (IF YES, GIVI	216-40-	3768 William W		
			- Farker Fast	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSEI	(VIA 1-7)	istate arciner	u. or Pala	BETWEEN ONSET AND DEATH
IMMEDIAT	E CAUSE (o)	MAN CHARLE	a of Charles	6/2.97
	DUE TO, OR AS A CONSEOU	ENCE OF	0	0
Conditions, if any, which gave rise to immediate	(b)			
couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		No. of the last of
underlying couse lost	((c)			
	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART TIO
Q				
N 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
T E			YES NOX	RTIFYING CAUSES OF DEATH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
WHILE IT NOT WHILE IT	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		192.	7.112	81
ZZa.1 certify that (1) (this hospit	al) attended the defeased from_	110 2 19		19_ <u>C/G</u> that (I) (we) last

MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

22b. SIGNATURE

2-25-86

William H. Wood, Jr., M.D.

saw the deceased give an abave, (1) (we) (did) (did not) fiew the body after death

Spring Hill Cemetery

22e ADDRESS

Dutchman's

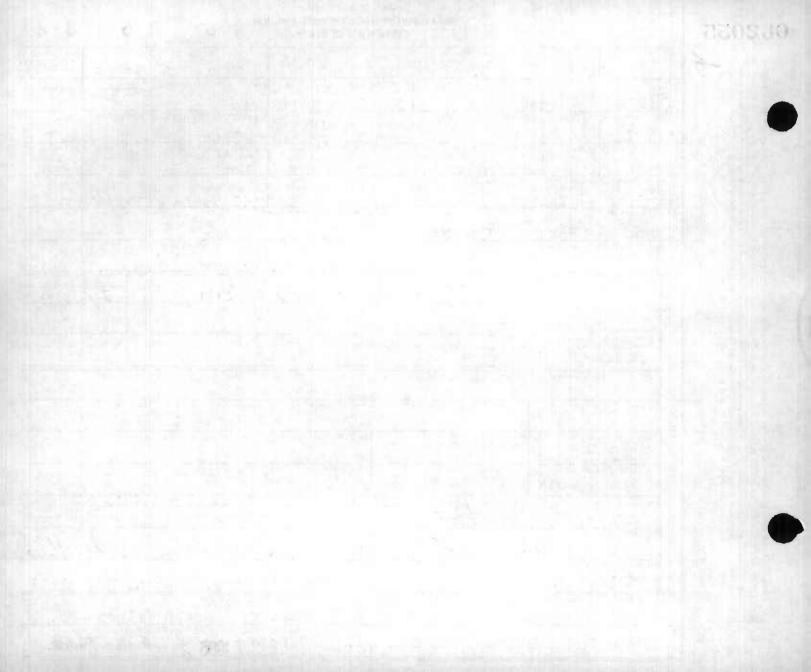
Lane,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated

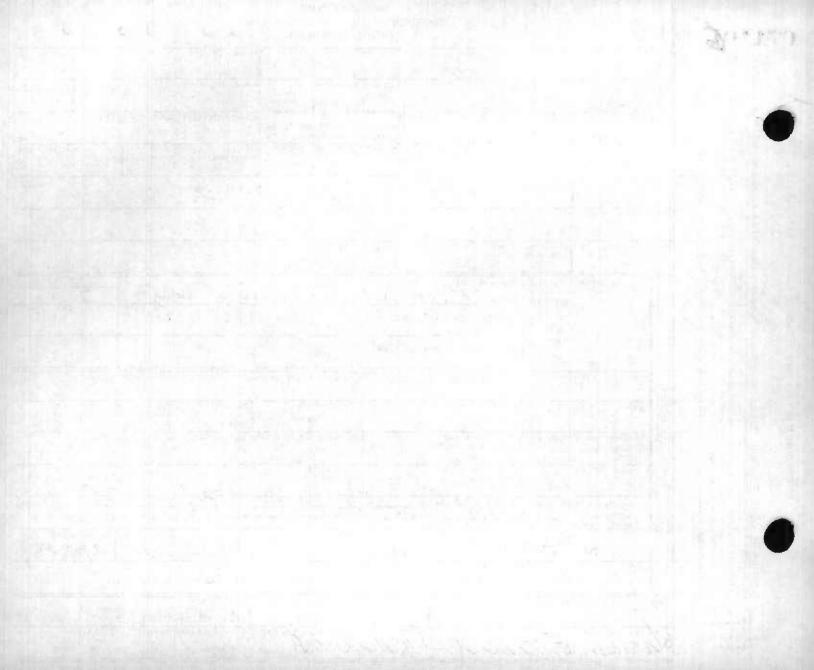
Easton. Easton Talbot

24 FUNERAL DIRECTOR Newham Funeral Home Easton, Md.

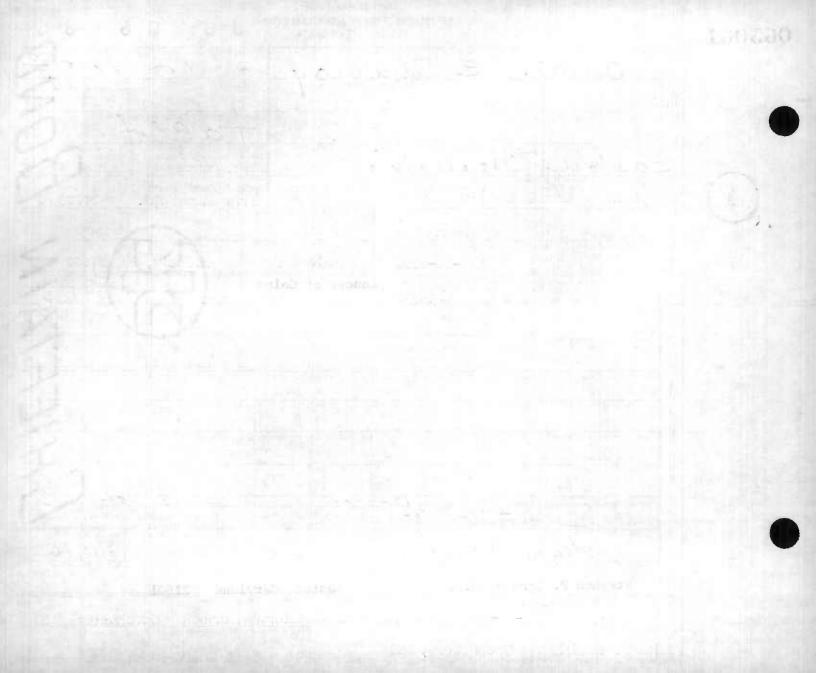


			STATE OF MARYLAND				
	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE Q 6	0	4 1	0 7
O122	REGISTRAR		CERTIFICATE OF DEATH	O O	G.NO.	0 1	0 3
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEA		DAY YEAR	26 HOUR
70	50	SHN E	MULLIKIN		2	18 86	11:11 AM
3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	MALE	White	2 14 04	82	YRS	MOINTIS DATS	MIN.
0 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE C	TY OR COUNT	Y OF DEATH	
M	arvland	USA	WIDOWED DIVORCED	11	LboT		MD.
2010	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCC	JPATION AOST OF WORKING	12b. KIND O	OF BUSINESS OR
AL.	EASTON	MEMORIAC H		Ass t.	Sup.	Correc	tional In
1 1	SUAL RESIDENCE (IF NURSING HOM BE STATE 136 CO	OUNTY 13c CITY OR T	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e STREET ADDI	ESS / ZIP COL	DE	
		albot Eastor	YES 📉 NO 🗌	203 Wr	ightso	n Av./	21601
000	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		DIE	LAS	i i
100	James	T. Mulli		ı		Larrim	
	WAS DECEASED EVER IN U.S.	CIVE WAR OR BATES				ex Dri	
	NO	218-20)-2862 Mary E. Pa	oletti	Bear,	Del. 1	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per line for (a), (b)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		DIATE CAUSE (a)	1745 RH40	MMIA			
		DUE TO, OR AS A CONSE		h			
	Conditions, if any, which gave rise to immediate		CORDNARY	VISCASE	,		
	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
-11	underlying cause last	(c)					4
		NT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER		CONDITION G	IVEN IN PART 1	0
- 1	19a DATE OF OPERATION	TASTABL	ICH OPERATION WAS PERFORMED	200 AUTOPSY	Tank IE VI	ES, WERE FINDIN	100 11050
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	140. CONDITION FOR WIT	CH OPERATION WAS PERFORMED		IN CERT	TIFYING CAUSES	OF DEATH?
	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER MATURE		YES ORRARIO	NO 🗌
		F DEATH HOUR A.M. MONTH	DAY YEAR	THE TENTER NATURE	OF HATORY IN HEW 16	PART OR PART 2]	
	OR CONTRIBUTING CO	21e PLACE OF INJURY	19 211 LOCATION				
	ALLIE NOT WHITE	(AT HOME STREET, FACTORY, OFFI		CIT	ORTOWN	COUNTY	STATE
	AT WORK	aspital) attended the deceased fro	7/13 10 8/	2 10	118	10.86	ab-CD-sylvan
	saw the deceased alive	an_2/18	86 and that in my (our) opinian	death accurred on	the date and ho	out and from the	causes stated
	176 SIGNATURE	mor) value this body ofter death	DEGREE			771. DAJE	
	5	2. 20 hr	attending	MEDICAL DIRECTOR P	STAFF	2/1	8186
3	220 PHYSICIAN'S NAME (1)	YPE OR PRINT)	1224 ADDRESS		-	1	1
11	Scott	- D. + RIGOMA	or 403 m	OVER CT.	EAST	ON MO	2/601
73	BURIAL, CREMATION, REMOV	VAL 73b DATE 2	36 NAME OF CEMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial		Spring Hill Cemet	CITY OR TO	WN	Talbot	Md.
84	FUNERAL DIRECTOR		25a DA	TE REC'D. BY REGIS	TRAR 256. REGIS	STRAR'S SIGNAT	URE
	Newnam Funer	al Home Eas		FR 2.1 198	6 June	wavidson-M	jandelle

(VRA 15, 4)



STATE OF MARYLAND



065156	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH STATE OF MARYLAND REG. NO.	186
secured within 24 hours after depth figs 4 eary be not completely filled in to the honeon director, page 3 get 1 and 2 yes the file wetter 72 hours after depth dical examine method george.	76 B	B A MONTH DAY YEAR OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF WIDOWED DIVORCED TALBOT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	UNDER I VEAR IF UNDER A HRS
of a requires that the death certificate be in subsets signed by the attending physician permit. Then please remove cochonoppers pre prior to bursh, crematists, or removal as any injury, or other traumatic event, the	IFICATION	IN CERTIFYIN	VERE FINDINGS USED IG CAUSES OF DEATH?
HOSPITAL OR ATTENDING PHYSICIAN, The pured by the heapital or otherwise principal PUNETAL DIRECTOR After this certificate is and be detected for use by the burill-trained in the State Diest of Health and Mental Hygiest OBTANT II frem 21 is marked as feem 18 shows OBTANT II frem 21 is marked as feem 18 shows	MEDICAL CERTI	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21l. LOCATION 21l. LOCATION 21l. LOCATION 21l. LOCATION 21l. LOCATION	COUNTY STATE
BP		BURIAL CREMATION, REMOVAL ZILL DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYOR GOWN, CHYOR G	STATE MADE STATE MADE STATE MADE STATE MADE STATE STAT

Com Bu Had sales sule the though the many who i blest Farling

STATE OF MARYLAND

NEITZEY

5. DATE OF BIRTH

WARD

caucasian

4. RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ha	
)	0	
	0.70	110

3	0	
	0	

IF UNDER 24 HRS

1	-	FOR STATE REGIS	TRAR
H: D	EC PE (EASED OR PRINT)	NAME

male

3. SEX

MARK

tг	AKI	MELLI	Ur	REA	rin	ANU	MICH	AL	n
		cr	DTI	FIC	ATE	OF	DEAT	1.1	
		CE	KH	LIC	AIL	UL	DEAT	п	

	0	
	REG.	NO
F OF	DEATH	· A

6. AGE (IN YEARS LAST BIRTHDAY)

20. DA1

67

YEAR 18 7h HOUR

86

IF UNDER I YEAR

23

9	0 0
>	0 0
30	0 -
4	5 5
e n	2.5
0	40
Ė	76
ō	25
9	12
ē	41
9	1
5 15	44
o o	5 5
4	32
1 2	72
Ē	Ne
3	10
P	25-
45	35/
Xec	ge ad
6)	0 0
P	5 0
ote	De o
ţ.	pod
ŧ	000
9	din
4	000
9	ove of
9	e u
=	# 91
uires that the death certificate be executed within 24 hours after death. Page 4 may be	gned by the ottending physicion and camping the allegate by the outending the coordinates of the outer death burnel exemption or removal.
· ·	pale
	100

DIVISION OF VITAL

00 Mentol

4 ORTANT ld b

CERTIFICATION

MEDICAL

Robert Sanchez 23a BURIAL, CREMATION, REMOVAL Buria1

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME

376 SIGNATURE

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

now the deceased alive on_

above (II (we) (did) (did not) view the

27s.1 certify that the this haspital attended the dece

71d INJURY OCCURRED

2-26-86

21b. TIME OF INJURY

P.M.

?1e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM, ETC

23c NAME OF CEMETERY OR CREMATORY Spring Hill

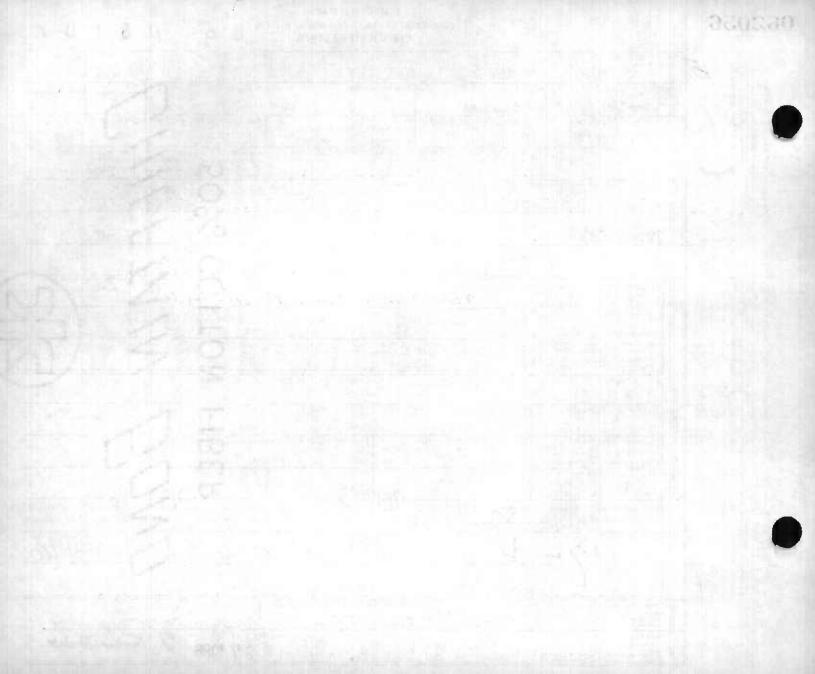
DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

Easton Md.

20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [? It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TH LOCATION CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 77e ADDRESS Commerce Dr. Easton, Md 23d LOCATION CITY OR TOWN COUNTY Easton Talbot Md

BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington DC Talbot USA DIVORCED [WIDOWED 17b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Rt.5 Box 710 H. Easton, Md. Field Manager Easton TBM SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE | 136. COUNTY | 136. CITY OR TOWN 13a. STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Talbot Rt.5 Box 710H/21601 Marvland Easton 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick Neitzey Florence Ward Η. IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 577-07-7353 Alice L.Neitzev NO see APPROXIMATE INTERVA 18 CAUSE OF DEATH 'Enter only one cause per line for (a), (b), and (c)*
PART I, DEATH WAS CAUSED BY: 1 ancinom- comm IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED



STATE OF MARYLAND												
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE							
CE	DTI	ELCATE	DE	DEATH								

				- 105
8	6 REG. NO.	0	6	8
	REG. NO.	-	:0	

1	1-	STATE REGISTRAR		DEFARIN		EALTH AND MENTAL HYG ICATE OF DEATH	8 6	0	5	0
13		CEASED NAME FOR PRINT) Edn	eard J	ohn	Orn Is date o	ett Sr.	REG. N 20. DATE OF DEATH 2 AGE (IN YEARS LAST BIR	- 19 -	YEAR '	8:00
		male	cauca		90NTH	11° 1960	85	YRS	IMS DAYS	HOURS
		RTHPLACE (STATE OR FORE)	ON 76 CITIZEN	OF WHAT COUNTRY?	MARRIED WIDOWE	DIVORCED	9 BALTIMORE CITY C	bot t	DEATH	
78		Easton	Hemo	YIA HOSPI	Ta/	at Easton	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Service Sta	OF WORKING LIFE)	12b. KIND OF INDUSTRY erator	
35 1	Mar		HOME OR OTHER INSTITUT COUNTY Talbot	Trappe	admission) N	13d INSIDE CITY LIMITS? YES NO [3 East Gre		Ave.	/2167
50	5	THER'S NAME FIRST John	WIDDLE	Ornett		15 MOTHER'S MAIDEN NA. FIRST Hilda	Ellen		Day	is
Ď			J.S. ARMED FORCE FYES, GIVE WAR OR DATE			Edward J.0		P.O.B.		
60	-	Conditions, if ony, wh	DUE TO	Hubute	NCE OF	4 Carla U	ho cales	Desen	01.	20
rjury, or other troum	NC	underlying couse I	nich (b)	OR AS A PONSEQUE	MOLO NCE OF	y landa U ged and NOT RELATED TO THE TERM	LIZIZOLE LINAL DISEASE OR CON	DIS LA TOSLO IDITION GIVEN	21 O	20
Nows only injury, or other troum	TIFICATION	gove rise to immedicouse (o), stoting underlying couse I	nich ote the ost. (c)	OR AS A PONSEQUE	MOLO INCE OF MACE OF DEATH BUT		IN CULA SINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \) NO\(\text{YES} \)	DISCONDITION GIVEN 1700 IF YES, WIN CERTIFYIN YES	ERE FINDIN	GS USED OF DEAT
10.00	CAL CERTIFICATION	gove rise to immedicate (a), stating underlying cause I	CANT CONDITIONS 19b CO 19b CO 19c CONDITIONS 19b CO	OR AS A PONSEOUE CONTRIBUTING TO D NOTION FOR WHICH I	MOLO NCE OF MACU DEATH BUT OPERATION		200 AUTOPSY? YES NOTE:	20b IF YES, W IN CERTIFYIN YES	ERE FINDIN IG CAUSES (GS USED
10.00	MEDICAL CERTIFICATION	gove rise to immedicate (a), stating underlying couse I PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	CANT CONDITIONS 19b CO 19b CO	OR AS A PONSEOUE CONTRIBUTING TO D NOTION FOR WHICH I	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NOTE:	ZOB IF YES, WIN CERTIFYIN YES THE TEM IS PART	ERE FINDIN IG CAUSES (GS USED OF DEAT
If nem 21 is morked of nem 1		gove rise to immedicate (a), storing underlying couse I PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL F 210 INJURY OCCURRED WHILE NOTIFY MEDICAL F AT WORK 220 1 certify that (1) (thi	CANT CONDITIONS 19b CO 19b CO 19b CO 21b TIM E OF DEATH XAMINER) 21e PLA (AT HOME	OR AS A CONSEQUE CONTRIBUTING TO D NOTION FOR WHICH IS E OF INJURY A.M. MONTH DA P.M. CE OF INJURY	DEATH BUT INCE OF ANY YEAR 19	21c HOW INJURY OCCUR	700 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the december of the december	20b IF YES, WIN CERTIFYIN YES THE PART OWN 19 ofte and hour on	(ERE FINDINIG CAUSES (GS USET DF DEAT NO
MICKIANI: II nem 21 is morked or nem 21	MEDICAL	gove rise to immedicate (a), storing underlying couse I PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL F AT WORK 220 I certify that (I) (the	CANT CONDITIONS 19b CO PING 21b. TIM FOR DEATH AMMINER) 21e PLA (AT HOME s hospitol) ottended live on the doct view 1b	OR AS A PONSEQUE CONTRIBUTING TO D NOTITION FOR WHICH OF E OF INJURY A.M. MONTH DA P.M. STREET, FACTORY, OFFICE, FA I the deceosed from Street Factory of the deceosed from	OPERATION AY YEAR 19 ARM FIC)	211 LOCATION STREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT	20b IF YES, WIN CERTIFYIN YES THE PART OWN 19 ofte and hour on	(ERE FINDINIG CAUSES (GS USEC OF DEAT NO Si

DHMH - 16 60M 7/8 (VRA 15, 4)

DHMH - 16 60M 7/B4

(VRA 15, 4)

066099

	FOR T - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENES 6	0 6	18	9
	1. DECEASED NAME (TYPE OR PRINT) Bet		eade /	Depper	FEBRUA	MONTH DAY	1986 1	HOUR 140 M
	Female	4 RACE Whi	00	NTH DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	THS DAYS HO	UNDER 4 HRS.
3	70 BIRTHPLACE (STATE ORFOREIGN Maryland	US	WIDON		9 BALTIMORE CITY O	Albo	+	MD.
1	EAS to H	(IF NO IN SUCH	OSPITAL, NURSING HOME FACILITY, GIVE STREET/ADDRESS! MORIAL H	SpitAL	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST OF Legal Se		126. KIND OF BUINDUSTRY	JSINESS OR
			GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Woolford	YES NO ST	13e STREET ADDRESS P.O. Bo	ZIP CODE	2167	7
1	FATHER'S NAME FIRST Copeland	MIDDLE A.	Gootee	15. MOTHER'S MAIDEN NA Maybe	lle MIDDLE		ggins	
1	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	218-24-534	17 INFORMANT 8 Edward Pe	pper Item			
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR DUE TO, OR DUE TO, OR (c)	Metastates AS A CONSEQUENCE OF AS A CONSEQUENCE OF	breast cas	new		APPROXIMATI BETWEEN ONSE	INTERVAL TAND DEATH
	THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OPERAT	21c HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	VERE FINDINGS NG CAUSES OF	
	(IF EITHER NOTIFY MEDICAL EXAM		۸. 19	,				

COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 2-15 220 I certify that (I) (this haspital) attended the deceased from... sow the deceased alive on _______ above, (I) (we) tidd) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING

22¢ DATE SIGNED

Stephen P. Carney, M.D.

Easton, Md. 21601

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial 2/18/86 23c. NAME OF CEMETERY OR CREMATORY Dor. Mem. Park

DEGREE

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cambridge Dor. Md.

24 FUNERAL DIRECTOR

Thomas Funeral Home

Camboridged Md1

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Can ... Betty G Pepper February 15 FOL 11 7 7.41bot Mamieral L. Hospital EASTON

070140	FOR STATE REGIS	FRAR		DEPART	MENT OF I	E OF MARTEAND IEALTH AND MENTAL HY ICATE OF DEATH	0 0	0 (5 1	90
y be	1. DECEASED	MAME MI	Mildred LDRED	Walls	PR	AST PRICE	20. DATE OF DEAT	2-21	- 86	26 HOUR 705P
98 4 m		Female		White		ch 16, 1889	6. AGE (IN YEARS LA	YRS	ONIHS DATS	IF UNDER 24 HRS HOURS MIN.
deoth. P	COUNTRY)	eryland	/	DE WHAT COUNTRY?	WIDOW		9 BALTIMORE CI	ot	438	MD.
201	EAST		(IF NO IN	VEMORIAL	ADDRESS HO	SPLTAL	12a USUAL OCCU	PATION OST OF WORKING LIFE)	126. KIND O INDUSTRY HOI	TE BUSINESS OR
LAND 21	Maryl	and	COUNTY Cecil	ON, GIVE RESIDENCE BEFOR	eake	13d. INSIDE CITY LIMITS? YES X NO		SS / ZIP CODE Bluff R	oad A	2/9/3
completel		arles	Rigby	Walls		15. MOTHER'S MAIDEN N. FIRST Elizabe	th Cathe	rine	Barci	us
be sued on and on a page of the sued of th			J.S. ARMED FORCES EYES GIVE WAR OR DATES)			Charles W. F			ida 331	
ST., BAI	18 CAL	T I. DEATH WAS	inter anly ane cause p CAUSED BY: MEDIATE CAUSE (a)_	0 1		throm	osis			MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PRITSCLAM. The Saw requires than the death pertilicate be executed within 24 hours otherwise physician. She this certificate has been sooned by the attending physician and completely filled in as the two certificate pries to burnel commons. On bong papers. Plage: 1 and 2 should be filled in the mid Meetal Hygleine pries to burnel commons. Or removal. In and Meetal Hygleine pries to burnel commons or removal.	gave couse	ions, if any, wh rise to immedi (a), stating ying couse I	ote (b)	OR AS A CONSEQUE	erio	solerosi	S.,		Unc	etain
RDS, 201 equires the signed in Then plead injury, or	-	OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR (CONDITION GIVE	N IN PART 110	0
At RECO	꾶	E OF OPERATION	19b. CON	IDITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTIFY YES		
SCIAN BENEFICAN	OR CON	CIDENT WAS UNDERLY TRIBUTING CAUS IER NOTIFY MEDICALE	E OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	et i OR PART 2)	
NG PHIT other first as the by th and M	21d. IN.	NOT WHILE AT WORK	LAT HOME	CE OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	ÇITY	OR TOWN	COUNTY	STATE
CCTOR A The use of Heal	sav	the deceased o	s haspital) attended live on 2 — (did nat) view the bac		<u> </u>	nd that in (aur) apinion	death accurred on t	2 () 10 ne date and hour	and from the	
TALOR Wat Diffe detocher Total Dep	1226. SIC	Bent	W. Tre		\mathcal{I}		MEDICAL DIRECTOR PH	STAFF YSICIAN []	220. DATE :	SIGNED CH-86
O HOSP TO FUNE Thould be	R		Trever, l				× 297 E	Eastor	z.Md	,21601
ВР	(SPECIFY)	urial		5,1986 Ch		EMETERY OR CREMATORY field Cemeter	23d LOCATION CITY OR TOW Centrev	ille. Q.	A.Co.,	Md.
DHMH - 16 60M 7/84			arton Func		e. Md	. 21617 FFR	TE REC'D. BY REGIST	RAR 256. REGISTR	AR'S SIGNATI	URE

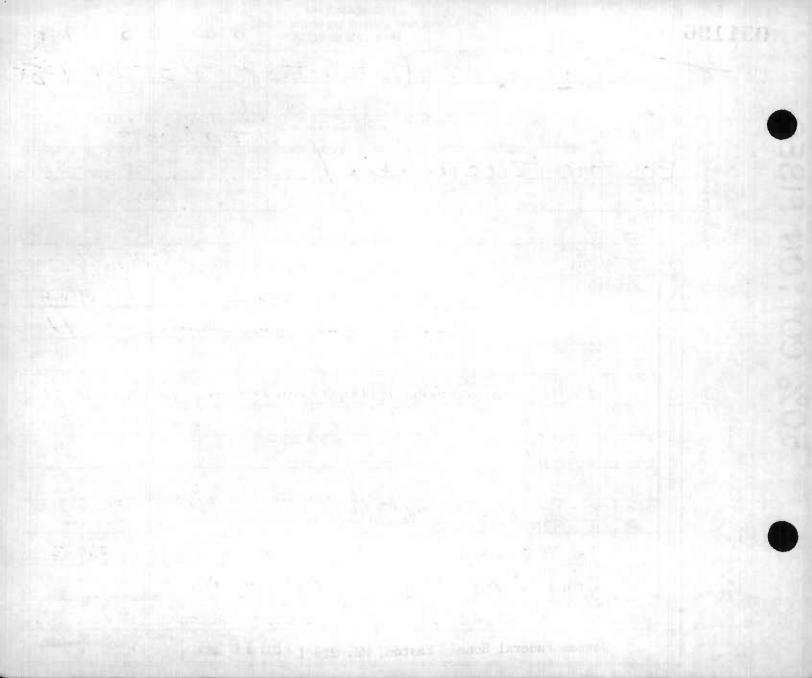
Apidi office feeding spine to the series of the series of

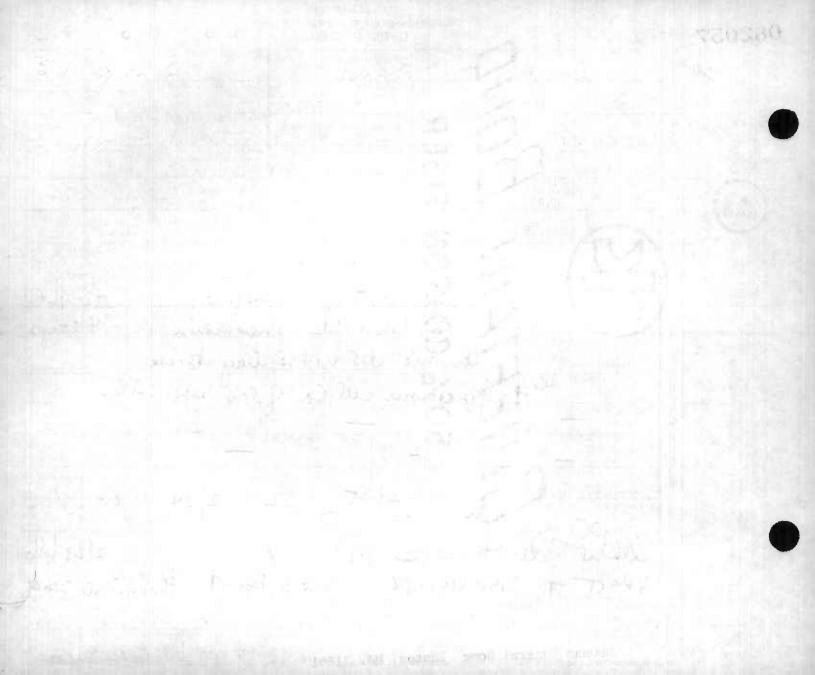
Charles | Pigo, wait was a caregon constant for a caregon constant c

... I revert in Freds

Juntal Juntal Juneralia sectory controlling 2.3.20., id., sector tuneral lone
James .. merton, Jr., Centroville, Fo. 21017 | E.S. 240 and an income

(VRA 15, 4)





to the property of the state of

The state of the s

2000	1-	STATE			DEPARIA	MENT OF F	IEALTH	AND MENTAL	HYGIENE	-		
064006	,-	REGISTRAR		ME	DICALI	EXAMIN	ER'S C	ERTIFICATE	OF DUATIO	REO NO.	6	9 4
Was to		ECASED NAME COLPRED	Tal a		MIDDLE	0	20	O a O L		ATE KNOWN DE ESTI-	MONTH DAY	Y YEAR 26
SOF SE	1.5E)		RACE	5. DATE OF BIRTH	L. ma	6. AGE (IN YEA	RS IF UN	DER 1 YR. TIF UND	1	DATE	MONTH DA	Y YEAR 28 MOUI
ON STATE	_		aucasiar		51	34 YR		DAYS HOURS	MIN PRON	OUNCED C	226	19 8 12 cs/
NA TEN	78. 数 PC	RTHPLACE (11)	ITE GR	76 CITIZEN OF WI	HAT COUN	TRY?	8 MARRI	EDXXNEVER MAR	RIED - 9 BA	LTIMORE CITY OR	COUNTY OF	DEATH
日本に変えて	M	arylan		USA		1111	WIDOW		RCED	TA / DOT		MD
11 平田日石	ar.c	TY OF TOWN C	FDEATH	11. NAME OF HOS			OR OTH	ER INSTITUTION		CCUPATION (TYPE O		KIND OF BUSINESS OR INDUSTRY
4 3000	1	asto	n	men	1/10	sp @	En	star	Masonr	y contrac	ctor	
12 503 802		I. RESIDENCE (F IN NURSING HOME O	R OTHER INSTITUTION, GI	13c CITY	OR TOWN)N]	13d INSIDE CITY LIMITS?	13e STREET AL	DDRESS		
一 大学記を記り	Ma	ryland		bot		ston				Box 152	/2160	1
MCBUST B	VEF.	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAI	DEN NAME	WIDDLE		LAST
# 3822200	Ge	orge	F.	Sau	1sbu:	ry, Si	c.	Glady		М.	St	ates
N SER	14m V	WALTECEASED	EVER IN U.S. ARA		16b. SOC	IAL SECURITY	'NO.	17. INFORMANT		ADDRESS		
A TANK	Y	ES OR UNKNOV	1 123,0112	VAR OKDATES	216	-56-22	233	Kather	ine G.	Saulsbur	cy s	ee 13e.
S S S S S S S S S S S S S S S S S S S	N	18 CAUSE OF	DEATH (Enter onl	y one cause per the				// 0	CALI	1		APPROXIMATE INTERVAL
A SENERAL MANAGEMENT AND MANAGEMENT		PARTIDEA	TH WAS CAUSED	10	12n5	10/1	1100	DN8 CV	- MDOY	MZMO		TWEEN CHASET AND DEATH
ST NATION OF STORY	-				AS A CON	SEQUENCE C	F	2 44	B1 1			
A SENTENCE OF THE SENTENCE OF	3:		, if any, which	(6)			5,	ell In	VICTOR	0		
W WENTS		couse (o)	toting the under-	DUE TO, OR	AS A CON	SEQUENCE C)F	7 11	4			
ON SALES	7	lying cous	m Paret.	(e)								
AANA SEC		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN	PART 1 (d)			
S A SENT	Z O											
SE S	CATION	IN. DATE OF	DPERATION	196. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED?			20	AUTOPSY?
₹ 58£30g	E	2016	74	13								YES NO V
ON THE SECOND SE	100	210 EXTERNAL		216. TIME OF		DAY YEAR	21c HC	W INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	T I OR PART 2]	1
S SHOOS S	3	UNDERLYING CONTRIBUTIN	G CAUSE OF D			19						
AN CHARLES	MEDICAL	THE INSURY OF	CCURRED	21a PLACE C	OF INJURY			CATION	5.00	OR TOWN		
AREA DE LE COMPANION DE LA COM	2	AT WORK	NOT WHILE)	ONT, TARM, E	14.4		TALL!	CIII	OK IOWN	COUNTY	STATE
THE THE PARTY OF STATE OF STAT	3	22s. Learning	hand hand al	e of the remains des	cribed abo	vo baldo-	Autops	, D toward	ion X, Ing	uiry ond	in my opinion	
NO SOLAR		death resulted	111	al causes ,	Accident		cide Z	Homicide	Undetermine		n my opinion	
SE CHIA		A	Vari	J. V.	1	1	The state of the s	TITO COE LEV	Didetermine	o monner,		
MEDICAL EXA CUTE THE CERT SE A SHOULD IN FUNERAL DIRE ER DÉATH WIT		ACTUAL /	1/1/1/	1/1/1/	MA	-		11/1/11	/ MEDICAL	WALLINED.	DATE	2.27-86
EDICAL OTETHE A SHOUL NORE N	1	San Indiana	till	1 UN h	rear			o huffle	MEDICALE			
MONE BENEFIT		EXAMINER'S IN	R.	Lane Wr	oth,	M.D.	,	ADDRESS St	. Micha	els, Md	. 216	63
524544	23a.B		ON, REMOVAL 2				AETERY OF	RCREMATORY	23d. LOCATIO	NC		
07/84 BP	B	urial	3	3-1-86	Sp	ring 1	Hill		Easto	n Ta	158E	Mď.
25M DHMH - 17	24. FI	JNERAL DIRECT	OR	ADDRESS				6.4.4		STRAR 25b. REGIST		· ·
(VR A15 ME (5))	N	ewnam	Funeral	L Home	Ea	ston,	Md.	MA	R 3 19	36	migon	Adnotess.

STATE OF MARYLAND

300110 Tallet Easter Mam house Enter removed to any of the most Set with text

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

0.000

carities and and are the control of the control of

1000

.

et. 27, 15 - Thrateriland Lemotery Designation, L.A. 165, Miles

Canes H. Larton, Jr., Contraville, Md. 21012 Mag. F. ..

Leure Meye, El. U. S. I. .01 30 11 1 2 2 2 1 11

Indicas — introduction is a construction of the case o

JE: 18 .et de cuote et l'au rofiting .no been to

is Startier ave. Tes E. s. Cha 220-34-110941 Suchen Cuartier, Punktions, 81. 31936

- - - CO CONEDCTC CONTENTS SUCCESSORIC, MEL. CO., A. I ini

World H. Birtt, In. Bornebard, M. 21713

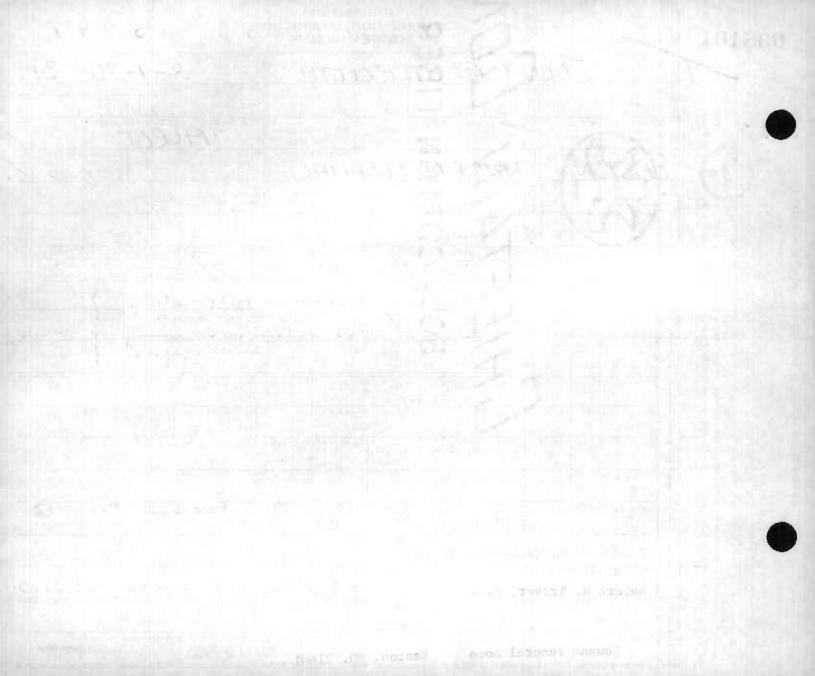
38101		FOR STATE STOSTRAR		ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL I ICATE OF DEATH	O O	0 6	1 9	7
/	iTree	EASED NAME JOL	N G. S	STRIC	KROTH	20 DATE OF DEA	2-1-	86	3PM
an other	1.5E)	nale	caucasian	S. DATE O		6. AGE (IN YEARS)	AST BIRTHDAY] IF		HOURS MIN
4 the part of 12 to 12 t		RTHPLACE (STATE OR FOREIGN OUNTRY) Saryland	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE C	TUBOT	FDEATH	MD.
	1 2	ASTON	11. NAME OF HOSPITAL, NI MEHOLLA	URSING HOME O	SPITAL	17a USUALOCC (TYPE OF WORK FOR Printe	MOST OF WORKING LIFET	INDUSTRY	BUSINESS OR
	13a S	RESIDENCE HE NURSING HOME OF TATE 136 COU	NTY 13t CITY OR		13d INSIDE CITY LIMITS	Rt.3 B	RESS / ZIP CODE Sox 255/2	21601	
d control of the cont		George .	J. Strick		15. MOTHER'S MAIDEN Carolin	ne		neyer	
n ond Poges r medical			IVE WAR OR DATES)	5ECURITY NO. 7-2226	Geraldine		1818 Albe Hampstea		
that the death certifical by the attending physical sense carbonpalació, centration, or settem or or other travenalis events		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	FD BY	te an	d chron	ic responding	ratory incy monary nysema	7	ATE INTERVAL USET AND DEATH
requires or to bur by neury,	IFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	lone					
The law con. The law to hor b grene pr	CERTIFICA			HICH OPERATIO		20e AUTOPSY YES NO	IN CERTIFYII		
C PHYSICIAN otherding physician in this centrical in the burnol than outd memolity keed or hem 18	MEDICAL CI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED ALWORK ALWORK	ATH HOUR A.M. MONTH	19	211 LOCATION STREET		OF INJURY IN ITEM 18 PART	COUNTY	STATE
ATTENDED CODES An ECTOR An ed for use of all of Health im 21 is more		220.1 certify that (1)(this hosp	nital) attended the deceased to February of the body after death.		and that in my aur) apin		the date and have a		
TALOR DE LA CORTA OF SALE DE CORTA DE C		Robert W.	Trever, M.	D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [3-86
o HOSP channed the mount be whost a	3	Robert W. Tre	ver, M.D.		1	ox 297	Easto	n, Md	.2160
BP		urial, cremation, removal Burial	2-4-86		EMETERY OR CREMATO	23d LOCATION CITY OR TO	WN C	Lbot	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB 0 5 1986

Easton, MD. 2160



FOR DEPARTMENT OF I

Tom Helfenbein Funeral Home, Chester, MD 21619

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

REG. NO.

98

1	RECIGINAN				REG. NO).		
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HC	DUR
L	EMMA	Stalli		OMPSON	2	171	86 4	14 M
3. S	SEX	4 RACE	5 DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HUAY) IF UN	DERIVEAR IF UNE	DER 24 HRS
1	Female	White		mber 14, 1897	88	YRS		
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	HTASC	
1	Maryland	U.S.A			IA	1 bot		MD.
10	CITY OR TOWN OF DEATH		ITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		NOUSTRY	NESS OR
US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION	TUSPITHL	Housewife			_
	STATE 136 COUL	VTY 13c. 0	CITY OR TOWN		13e STREET ADDRESS /		04655	
DA.	/Maryland Car	oline P	reston	YES NO NO	Rt. 1 Box	79H	21655	
T	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAST	
1	Edward Stallin			Amelia S.	Jones			_
160	(VES NO OR UNKNOWN) (IF YES GO	E WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT		I	D 2163	
	No	21	4-28-3249	Mary Frey,	212 Greenri	dge Rd.		
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE		a tai, (b), and ici	1	0	/	APPROXIMATE IN	TERVAL ND DEATH
		TE CAUSE (a)	ardio 1	esperitory	ares	4	Minus	2
		DUE TO, OR AS	LONSEQUENCE OF	0 0				1
	Conditions, if any, which	((b) C	milluer	uga / neu	morin		2-3	day
	gave rise to immediate cause (a), stating the	DUE TO OR AS	A CONSEQUENCE OF					2
	underlying couse lost.	(c)		V				
	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	ITION GIVEN II	V PART Iro	
CERTIFICATION		Christ.	and was	Acresileurs				
S. A.	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED /	200 AUTOPSY?		RE FINDINGS US	
I					YES NO	YES [CAUSES OF DE	
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJ		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DE.	AID -	MONTH DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	210 PLACE OF IN	JURY	211 LOCATION		1		
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FA	CTORY, OFFICE FARM, ETC)	STREET	CITY OR TO	/	OUNTY	STATE
	22a.1 certify that (1) (this hosp	tol) attended the lder	eased from	16 1086	10 7/	7 10	XZ shot (l)	(we) lost
	sow the deceased plive on	1/18	2 19	nd that in (my) (our) opinion d	leath occurred on the do	te and hour and	_	
	obove, (I) (we) (did) (did no	t) view the body offer	death.	DEGREE			22c DATE SIGNE	
	W m	HILLAND)() ^	ATTENDING _	MEDICAL STAF	F _	2/-10	1
	22d. PHYSICIAN'S NAME (TYPE	A DO O O CE	7	PHYSICIAN D	DIRECTOR PHYSIC	IAN	1110	6
	10/M	61 1060	4	Enel	~ 1/ M	./		
	// /	N LARRO	Q .	INS!	1000 10)	CI		
230	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COL	JNIY	STATE
	Burial	02-10-86	Stevens	ville Cemeter		ille (2.A.	MD
24	FUNERAL DIRECTOR			25a DA16	RECID. BY REGISTRAR	Sb. REGISTRAR"	S SIGNATURE.	1155

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Lefule Land Strategy of the La . And the special beautiful to the state of Els you - Welcont Heat for a supple CHARLES AND STREET memble . deser 1.0 minutes and the second sec GC - . L. C. PILLY MENTER PROPERTY OF STATE OF S Light of the Lord T. Contract Light on Contract Contract

(VRA 15, 4)

PERT, 21 BAR Canal Tolling Tolling I have والركاف والالكاف والمال المال والمال والمال المالية والمالية والما James at Jackon, att, valterville, id. 20 120, 128 347 part some 052300

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF	DEATH	9	REG. NO	0	6. U	u
-		CEASED NAME FIRST	MID	DLE	1	AST		20 DAT			AY YEAR	2b HOUR
	Old Street	Mary	Elizab	eth	Tho	mos	n			2-10	1-86	1245 DM
	1. SE)	X	4. RACE		5. DATE C			6. AGE	(IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 IRS
	-	Female	White		Apr		1897	88	3	YRS.	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTI	MORE CITY O	R COUNTY	OF DEATH	
2	1	Maryland		.A.	WIDOWE	D X	NORCED []		Tall	TO	771	MD.
7	10. CI	EdSton	11. NAME OF HO (IF NOT IN SUCH F	SPITAL, NURSIN ACHITY, GIVE STREET		OR OTHER INS	TITUTION	(TYPE OF	MORK FOR MOST O	F WORKING LIFE	12b. KIND OF INDUSTRY	F BUSINESS OR
5	Ma Ma		OTHER INSTITUTION GIV NTY 13	Church	N	13d. INSIDE	NO 🗍	Rt.	et Address /	ZIP CODE	2162	23
1	/	ATHER'S NAME Daniel Cannon	MIDDLE	LAST		100	S MAIDEN NAMERIST		MIDDLE	I Is	LAST	
7		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	b. SOCIAL SECU		17. INFORM	ANT		ADDRE	SS		
-		No	2	13-74-1	888	Wilson	n Thomps	son	sam	e as a	bove	
		PART I. DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	E CAUSE (O)	ASCUT ASCUT AS A CONSEQUE	NCE/OF	It con	gestre cereb	hen	t fáilur inferi	t	BETWEEN	MÅTE INTERVÄL INSET AND DEATH
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATE	O TO THE TERMI	INAL DIS	EASE OR CONI	DITION GIVE	N IN PART 1/a	
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a A	UTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	11.001.00	NJURY MONTH DA	Y YEAR	21c. HOW II	JURY OCCURR	ED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)	
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.		19							
	MED	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATI			CITY OR TO	WN	COUNTY	STATE
	B	AT WORK AT WORK				1/20	91		7/	//	0/	
1		22a 1 certify that (1) this haspit	1.1	64	8/2	d that is four	(aur) apinian d	, to	wood and do	10 1	9_0	het (we) last
		saw the eccessed alive of the control of the contro	wew the body att	rer death.		DEGREE	(doi) apinian a	ledin deci	orred an the do	re and naur	22c DATE S	
		M	Most	7			ATTENDING PHYSICIAN	MEDIC	AL STAF			0.86
		22d, PHYSICIAN'S NAME (TYPE)	/ /	ey		22e ADDRES	Easto	η,	1	10		
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR			OCATION CITY OR TOWN		COUNTY	STATE
	24 5	Burial	0213-	86 Su	dlers	ville (Cemetery	5	Budlers	rille	Q.A.	MD
	24 FU	INERAL DIRECTOR NAME Helfenbei	n Funoral	ADDRESS	01		250. DATE	REC'D. E	SY REGISTRAR		AR'S SIGNATU	IRE TO THE
		crremet	i runeral	nome (unest	er, Md.	1 1-1-	61	9 1986	T WHO THE	we fetters and	1.1.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detoched for us with the State Dept. of He MPORTANT. If hem 21

PL . A. C. A. C. Verre Land Advantage Community Communit

					STATE OF M.	ARYLAND				
ACTIVITY OF THE PARTY.	1.	FOR STATE	11.00	DEPARTA	MENT OF HEALTH		GIENE 6	0 6	2 1	1 1
		REGISTRAR			CERTIFICATE	OF DEATH	REG	. NO.	dies &	
055153	I. DE	EASED NAME FIRST	/ MIDI	DLE	LAST	4	2a. DATE OF DEATH		- 1	26 HOUR
of the decar		Kachei	4		Inori			2-1	- 86	3:01 FN
4 4	3.583	- ,	4 RACE		5 DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST		WINDER I YEAR	HOURS MIN.
4 85		EMALO	13		4:	30 191	7 68	YRS		
2 2 A	BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED N	EVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
		Tenin	U.	5	WIDOWED	DIVORCED [101	007		MD
1 11 78		E as TON	HEMOYIA	ACHITY, GIVE STREET	pital al	Eastor	120 USUAL OCCUP			BUSINESS OR
Series Barre	13e.5	L RESIDENCE (IF NURSING HOME OF TAKE)	COTHER INSTITUTION GIVENTY	E RESIDENCE BEFORE COTTY OR TOW) 13d IN		1 Rt6		214	001
11200	14. FA	Rarent	MIDDLE	Les	15. MO	THER'S MAIDEN N	AME MIDDLE	-80,	LAST	
9 P. S		AS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO. 17 INF	ORMANT	ADI	DRESS	CAS	tow, mo
3 5 5		100	The second		(REGORY	THOKN	TOW K	216 8	x50
physical napaper mayel.		IR CAUSE OF DEATH LEnter or PART I. DEATH WAS CAUSE IMMEDIA	D BY	tullipl	i Bolate	ral pul	monagar	F Emboli	A THE REAL PROPERTY.	ATT HOTESTALIH
A STATE OF THE STA	5		DUE TO, OR A	S A CONDEDUE	NEEDL	/	0		11	Tily .
(R 1) 1	P	Conditions, if ony, which	(60	ASC	VD	IDIO (14	12
4		gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	Tall as			1	122
edjorns Thus ple realizery, o	NOI	PART 2 OTHER SIGNIFIGANT	mollitu	TRIBUTING TO D	nach but No ye	act infe	MINAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	Wa.
1 1111	CERTIFICATI	90 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E						YES NO	YES	A CASSES	NO [
Apple of the state	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		MONTH DA	Y YEAR 21c. H	OW INJURY OCCU	JRRED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT I ON PART 2)	
Se de la	3	LIF EITHER NOTIFY MEDICAL EXAMINE	P.M.		19					
1000	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE F		STREET	CITY O	RTOWN	COUNTY	STATE
S4 4 4 4 8	-	AT WORK AT WORK			1/21/	4	2	/	A.	
S S S S S S S S S S S S S S S S S S S		220 I certify that (I) (this hosp	" " () () .	deceosed from	107	19 00	to	. 1	9 4 th	hor (II) (we) lost
E de		sow the deceased olive on ubave III (we) (did) (ata no	view the body of	er Weath.		ny(my) (our) opinio	n deoth occurred on the	e dote and hour		
RAL DIRE		Colleget	Lews	his) WE CHEN	ATTENDING PHYSICIAN		TAFF SICIAN [220 DATES	7/86
D HOSPITA Trained by O FUNER Nould be d		ALBERT	DAW	Kind	HCAI	aston.	MD	2160	1	
P0		URIAL, CREMINTION, REMOVAL	23b DATE	23c N	AME OF CEMETER	Y OR CREMATORY	CITY OR TOWN		COMMITY	a SIAT)
Dr	24. FI	HERAL DIFFESIOR	12-11	-76	- NABIO	FFO	5 M61	A PENEST	ARIS SIGNAM	14.90
DHMH - 16 60M 7/84 (VRA 15, 4)	3	where I Paul	O PONSX	Gab C	Enton M		E 0. 1500.	7 Provide	to day be	À

			S	T	A	T	E	0	F	1	W	A	R	Y	L	A	N	D
-	n *			_					٠	-								

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

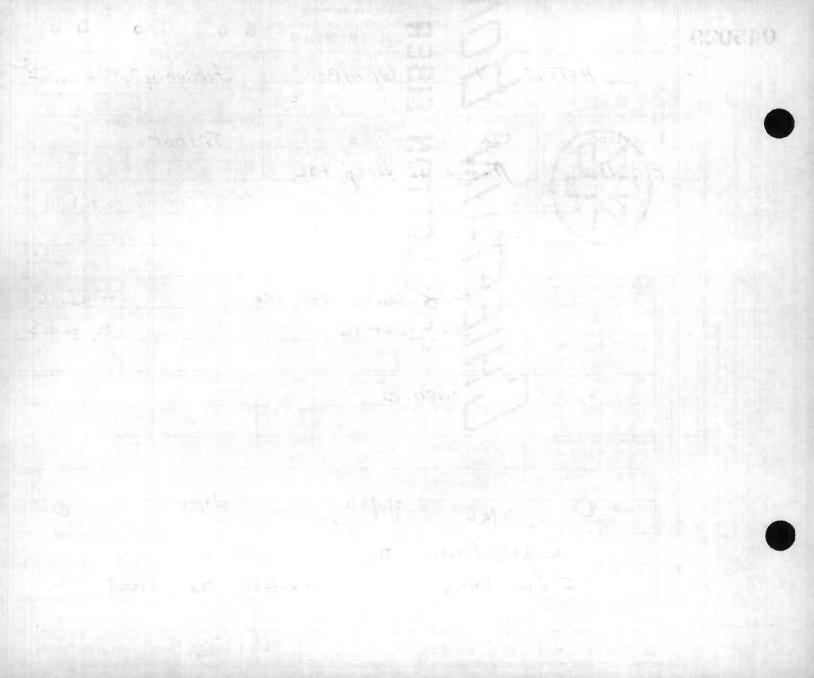
045029	1	FOR STATE LEGISTRAR			NT OF HEALTH AND M CERTIFICATE OF DE		8 6 REG. N	0 6	2 0	3
free dear			4. RACE	RISON	Whed Bea	<u>ح</u>	AGE (IN YEARS LAST BIR		1986	2b. HOUR 30
nerol directo		FEMALE RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	CAUCASIAN 76. CITIZEN OF WHAT USA		MARRIED NEVER M.	YEA 1895	90 BALTIMORE CITY O	PR COUNTY O		MD.
by the fulled with	1	EASTON	(IF NOT IN SUCH FACILI	RI AL	HUSDI TA		20 USUAL OCCUPATION OF COMMON TO THOUSEWIF	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
thin 24 hor ely filled in ? should be	13a M	AL RESIDENCE (IF NURSING HOME O STATE ATYLAND TAL ATHER'S NAME	bot 13.C	SIDENCE BEFORE AD ITY OR TOWN aston	134 INSIDE CIT	Y LIMITS?		zip code irora	St./2	1601
d camplet	14	amuel vas deceased ever in u.s. ai	RMED FORCES? 166 S	rrison OCIAL SECURIT			MIDDLE		Warner	
sicion and c pers. Pages al	N	18 CAUSE OF DEATH (Enter of			223 Irene	I. Go	ordon E		, Md.	21601
oth certifica ending phy corbon po n, or remov motic event			TE CAUSE (0). DUE TO, OR AS A	CONSEQUENC	FOR AL FA	HLUKE			72 14:	
hot the deby the ott by the ott ase remove other trau		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A		CE OF				120	300)
requires the signed or to burion y injury, or	TION	PART 2 OTHER SIGNIFICANT		MBMI	7					
in). The law hysicion. Icate hos be ransit permit Hygiene pri Hygiene pri 18 shows on	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING T			ERATION WAS PERFOR		YES NO D (ENTER NATURE OF INJU	IN CERTIFY II		GS USED OF DEATH? NO
S PHYSICIAN; ottending physicians are this certificate the buriol-tron and Mental Hyked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A.M. M	URY DAY	19 211 LOCATION	E.L.	CITY OR TO		(OUNTY	STATE
ATTENDING spital or ot CTOR. After for use as t af Health o		WHIE NOT WHIE 224 Certify the (1) this hosp sow the deceosed alive above, (1) (we) (did) and not alive the control of the cont			LIUIS 6	, 19 our) opinion de	to 27186	19		nat(I)(we) lost
ITAL OR A by the hos RAL DIREC		226 SIGNATURE	-aw. Ka	ii	LT P	TENDING HYSICIAN	MEDICAL STAI	FF CIAN []	224 DATES	IGNED
TO HOSPITAL TO FUNERAL should be de with the Store			2W. BAI		22e ADDRESS	East	u Mi	2161	01	
ВР	В	SPECIFICAL DIRECTOR	2-9-86		rwood Cem	etery	Sherwoo		Lbot	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Newmam Funeral Home

Easton, Md.

FEB 11 1986



Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/B4 (VRA 15, 4) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the buriol-tronst permit. Then please remave carbon paper with the State Dept. of Health and Memal Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 stows any injury, or other troumatic event, the OR ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR: After etained by the haspital or

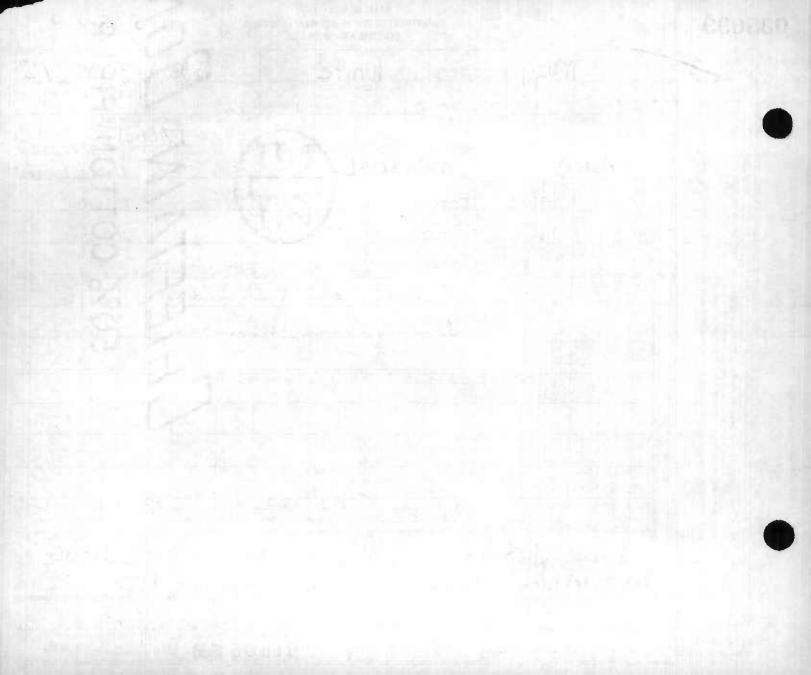
038099

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.											
	بهنشل	CEASED NAME FIRST	MIDDLE	, 1	AST		20. DATE OF DEATH	MONTH DAY	YEAR 2b H	IOUR	
	These	Mar	U ELIZAB	ETH W	hite		Febr	Mary ?	1986	LAM	
	1.58)	×			ATE OF BIRTH		6. AGE (IN YEARS LAST BIR		UNIVERTYEAR IF UN	DER 24 HRS	
1	female		caucasian 9		1	08	77	YRS		MIN.	
P		HTHEALL 'ATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER A	AARRIED .	9. BALTIMORE CITY O	R COUNTY O	FDEATH		
		ryland	USA	WIDOWE	DX DI	ORCED 🗌	12- USHALOGGUPAT	ALbo		MD.	
4	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE	STREET ADDRESS)	A I	ITUTION	120 USUAL OCCUPATI		126 KIND OF BUS	INESS OR	
131		ENSIOY!	[71)	enter	171		Sales Cle	erk	adies Ar	parel	
1		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE		13d INSIDE C	SZTIMIL YTI	13e STREET ADDRESS	ZIP CODE			
		ryland Tal			YES X	NO 🗍	718 Lomas		21601		
11		ATHER'S NAME				MAIDEN NAM	ιE				
Ju.	La	icy H.	Fluhar			abeth	WIDDLE	М	cCarty		
T		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMA	NT	ADDRE				
NO (1FYES GIVE WAR OR DATES) 214-32-7397 Janice F. Fike seel3e.											
		18 CAUSE OF DEATH (Enter or	nly ane cause per line far 101.	b ppd ici		1 /	0 0 0.		APPROXIMATE I	NTERVAL AND DE ATH	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)							acuto		
			DUE TO, OR AS A GONS	SEQUENCE OF		. 1	10		1		
		Conditions, if ony, which	(16) Wr	many	(Jan	de	feeten		acut	1 >	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF			1				
		underlying cause last	(c)				3.50		100		
6	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	ō	ASH D									
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED		200 AUTOPSY?		VERE FINDINGS L		
1	TIF						YES NO X	YES			
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)		
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	MIII.	19							
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEAST FARM FRE	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE	
	×	AT WORK AT WORK	(AI HOME, STREET, PACTORY, O	FFICE PARM, ETC)	(
		220.1 certify that (1) (this haspi	ital) attended the degeased f	ram	27	, 19 86	, ta	7/3 19	C, that (li (we) last	
		saw the deceased alive an	ot view the bady after death.	1986	nd that in (my)	(our) opinian de	eath occurred on the do	ote and hour a	nd fram the cause	s stated	
		226. SIGNATURE	The wine oddy differ decim.	\1	DEGREE				224 PATE SIGN	ED	
		Ware all	1 Cale	M	LO A	TTENDING PHYSICIAN 171	MEDICAL STAF	F IAN [7387	7	
1		220 PHYSICIAN'S NAME CTYPE	ORPRINTY , Eas	tan, Wa					1-100	6-70	
1		503 Dutchmi	on's Laine	21601	PGA	SECC,	KHODES	HI) r		
	23o. B	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23¢ NAME OF C	EMETERYOR	REMATORY	23d LOCATION		OUNTY	STATE	
		urial	2-5-86	Jr.Ord	der Ce	metery			oline	Md.	
	24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE										
	N	lewnam Funera	1 Home Ea	ston, 1	Md.	EEB	U 5 1986	الساء مسام	dson-hande	866	

DHMH - 16 60M 7/84 (VRA 15, 4)



065155 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) William poge 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) I STATE OR FOREIGN a BIRTHPLACE WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) JOUAL RESIDENCE INNURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. STATE 13b COUNTY 13C CITY OR TOWN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) physic 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE WHILE AT WORK 22a. | certify that (1) Ithis hospital) attended the deceased from saw the deceased alive an above (1) (we) (did) (pid not) view the body after death and that in (our) opinion death occurred on the date and have and from the couses stated DIREC Dept 226 SIGNATURE DEGREE ATTENDING MEDICAL FUNERAL I PHYSICIAN PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 0

23b DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

FOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d. LOCATION

Tuna Daydoon- Jandale

YES [

COUNTY

22c. DATE SIGNED

26 HOUR

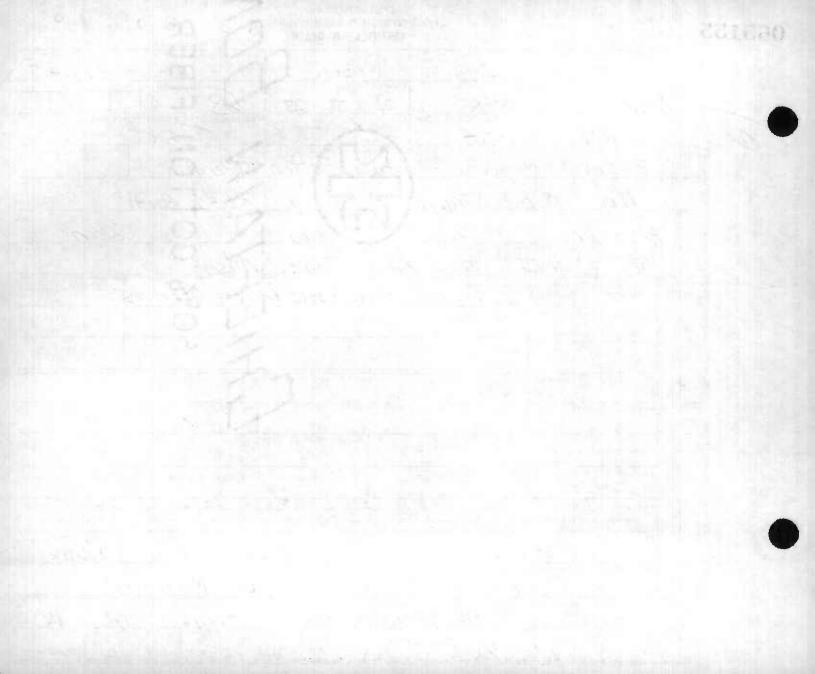
17b. KIND OF BUSINESS OR

NO [

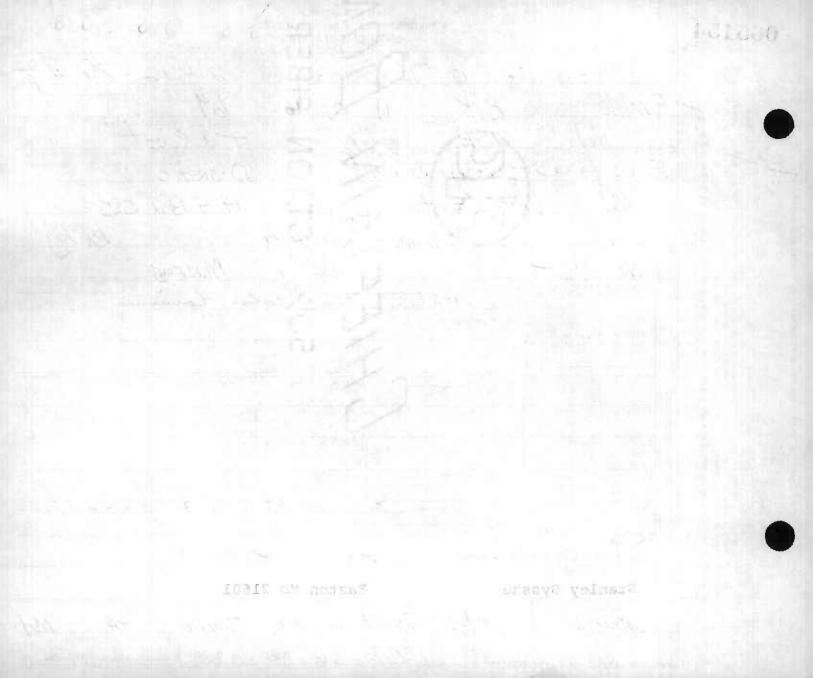
STATE

IF UNDER I YEAR

INDUSTRY



1 056115 Howard H Westers February 19 1982 1 % TAlbot EASten Memorial Hospital



062079	1.	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	(GIENE 6	0 6 0	0 0
4			FIRST MID		FICATE OF DEATH	REG. N 20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
oy be ooge 3 death	{TYPI	OR PRINT) E	DMONDS	Your	IENS	2-22-86 10121		
4 moy	3. SE	m /-	4. RACE	S. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BI	MONTHS DAYS	HOURS MIN.
Poge direct	7a. B	RTHPLACE (STATE OR FOR	A) 19 CK	HAT COUNTRY? 8.	y 6 1924	9 BALTIMORE CITY	YRS DR COUNTY OF DEATH	
eoth.		Florida	1 115	MARRI		TAL	BOT	M
ofter d	MO.C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESSY	OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR
THE NEW YORK	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIV	TO NOTE RESIDENCE BEFORE ADMISSION	EMORIAL	1 above	_	
4 4 p	1.le. 5	Md.		Camb. dge	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE /2/6	1/3
within 12 1	LE FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAS	<u> </u>
pe 15/17/		UNK	NIWN			INKNOWN		
exec and and a	160	VAS DECEASED EVER IN	U.S. ARMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ess C	1 22 1
te pe	F	18 CAUSE OF DEATH	Enter only one couse per lin	e for 10) (b) and (c)	phen. 70	14Mens 8/3		MATE INTERVAL ONSET AND DEATH
phys n pop movent,			Enter only one couse per lin CAUSED BY. MEDIATE CAUSE (o)	Preumonia			BEIWEEN	ONSET AND DEATH
h cer nding corbo or re ofic e	2		V	S A CONSEQUENCE OF				
deoi offer otion, roum	5	Conditions, if ony, w						
if the y the e rem cremo	10	gove rise to immed couse (o), stoting underlying cause	41	S A CONSEQUENCE OF				
ed by			(c)					
equire Then to bu	Z	Le++	hemisphere	STOKE	T NOT RELATED TO THE TER	rminal disease or con	IDITION GIVEN IN PART 11	0
beer mit.	CERTIFICATION	190 DATE OF OPERATIO		ON FOR WHICH OPERATE	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
The lo	TIF		1111			YES NO	IN CERTIFYING CAUSES	NO [
physicion physicion rtificate h bil-tronsit tal Hygien m 18 sho		21a. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU			21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART : OR PART 2)	
SICI certs certs vento hento	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.M.	19	AN LOS ATION	79 1 4		
G PHY offer this the b ond A	MEC	WHILE NOT WHILE	LAT HOME STREET	FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
ADINA or or o			is hospital) attended the d		to ber 19 85	to Feb	22 1986	that (I) we) last
Sprtol Sprtol CTOR for u of H	01	saw the deceased	did not view the body off		and that in (our) opinion	n death occurred on the d	ote and hour and from the	couses stated
OR A DIRECTOR DIRECTO		22b. SIGNATURE	7 .		DEGREE	45010	22c DATE	
TAL Coy the RAL D detoc		um Lave	10	Mn	PHYSICIAN	MEDICAL STA	2/23	3/36
TO HOSPITAL (retoined by the TO FUNERAL! In Should be deto with the Store I IMPORTANT: IF		W. Mom	-OVETT		POR.	20 / 11	/ 440	24454
TO H TO B Show	23a F	URIAL, CREMATION, REA		123, NAME OF	CEMETERY OR CREMATORY	22 Golds	boro MD	2/636
BP	(Ru-ial	2/26/8	6 Wage	1	CITY OR TOWN	COUNTY	STATE .
DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR	7 10	1	250 DA	ATE REC'D. BY REGISTRAR	156. REGISTRAR'S SIGNAT	
(VRA 15, 4)	57	ewant 1	unetal H	ADDRESS Sal	i bayyy, FE	B 2 7 1986		andell

